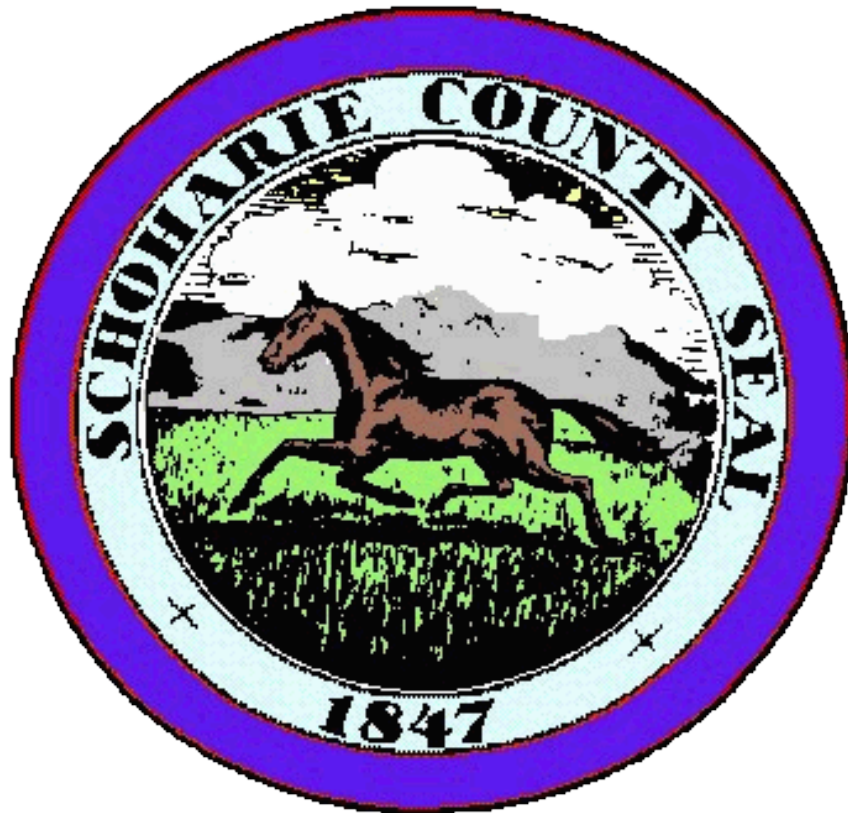


SCHOHARIE COUNTY



COMMUNITY HEALTH ASSESSMENT 2010 – 2013

**Schoharie County
Community Health Assessment 2010-2013**

Table of Contents

Executive Summary.....	1
Section 1: Populations at Risk	1
I. Demographics.....	1
A. Overall Size.....	1
B. Population Breakdowns.....	2
II. Health Status Information.....	14
A. Prenatal Care and Infant Mortality.....	14
B. Child Health.....	20
C. Family Planning.....	26
D. Nutrition.....	26
E. Anemia.....	31
F. Substance Use.....	31
G. Injury Prevention.....	34
H. Dental Health.....	38
I. Lead Poisoning.....	40
Section 2: Disease Control.....	40
I. Immunization.....	41
A. Vaccine Preventable Disease.....	41
B. Children and Adolescents.....	41
C. Adults and At-Risk Individuals.....	42
II. Communicable Diseases.....	44
A. Most Common Reportable Communicable Diseases.....	44
B. Sexually Transmitted Diseases.....	44
C. Rabies.....	46
D. West Nile Virus.....	46
E. Tuberculosis.....	47
F. Human Immunodeficiency Virus (HIV) & Acquired Immune Deficiency Syndrome (AIDS).....	47
III. Chronic Diseases.....	48
A. Leading Causes of Chronic Disease Death.....	48

B. Heart Disease (Cardiovascular Disease).....	49
C. Cancer.....	50
D. Respiratory Disease.....	55
E. Stroke (Cerebrovascular Disease).....	55
F. Diabetes.....	56
G. Asthma in Adults.....	57
H. Disability in Adults.....	57
I. Chronic Disease Prevention.....	58
Section 3: Access to Health Care.....	59
I. Availability of Health Care Resources/Facilities.....	59
A. Hospitals.....	59
B. Private Providers.....	60
C. Nursing Homes.....	61
D. Adult Homes/Assisted Living Facilities.....	61
E. Emergency Medical Services.....	61
F. Home Health Services.....	62
II. Discussion of Primary Care and Preventive Health Services.....	63
III. Discussion of Commonly Identified Barriers	
A. Financial.....	64
B. Structural.....	64
C. Personal.....	64
D. Behavioral Risk Factors.....	64
E. The Local Health Care Environment.....	68
IV. Local Health Care Unit Capacity.....	69
V. Problems & Issues in the Community.....	69
A. Profile of Community Resources.....	69
1. Resources in the Community & Collaborative Efforts.....	69
2. Assessment of Services.....	71
3. Health Education.....	72
B. Access to Care.....	72
C. Profile of Unmet Need for Services.....	73
1. Additions to and Changes in Service.....	73
2. Changes to Better Serve the Target Group.....	73
3. Identification of Gaps in Service.....	73
4. Potential Problems in Providing Services.....	73
5. Changes to Public Health Laws and Codes.....	74

VI. Local Health Priorities.....	74
1. List and Description of Priorities Under the Prevention Agenda.....	74
a. Tobacco Use.....	75
b. Healthy Eating and Physical Activity.....	75
2. Listing and Description of Additional Priorities.....	75
3. Summary of Process for Public Health Priorities Identification.....	75
4. Discussion of Noteworthy Accomplishments for Both the Health Department and Other Community Partners.....	76
VII. Opportunities for Action.....	77
A. Community Based Organizations.....	77
B. Businesses.....	77
C. Labor and Work Sites.....	77
D. Schools.....	77
E. Colleges and Universities.....	78
F. Government.....	78
G. Health Care Providers.....	79
H. Health Care Insurers.....	79
I. The Food Industry.....	79
J. The Media.....	80
Appendix A: Schoharie County Health Department Organizational Chart.....	81
Appendix B: Figure Listing.....	82
Appendix C: Resources.....	85
Appendix D: HSCC Organization Listing.....	86
Appendix E: Distribution.....	95

Executive Summary

Section 1: Populations at Risk

I. Demographic Information

Schoharie County's population is the 5th smallest among the 62 counties in New York State, and has remained constant over the past 10 years. The county is predominantly rural with an average population density of 50 people per square mile. As the population has remained constant, so has the distribution of the population by race, ethnicity and county of origin. Therefore, racial, language and ethnic barriers to health care access, while presenting challenges to those relatively few who are directly affected, are not widespread. However, the population of the county continues to shift gradually toward an elderly population. In fact, changes in the older age group proportions are beyond what was anticipated during previous assessments. For a rural county like Schoharie County, this shift will bring about many challenges to addressing the health concerns of an aging population, including the lack of nursing home facilities in the county.

Poverty, unemployment and low education levels also present significant barriers to health care access in Schoharie County:

- 17 percent of Schoharie County residents lack health insurance – nearly 20 percent of those between the ages of 18 and 64 are uninsured.
- The percentage of children below the age of 18 living in poverty, while slightly below that of New York State overall, has been rising for the past 5 years.
- According to the 2008 BRFSS Interim Report, expense prevented nearly 10% of Schoharie County residents from visiting a doctor. This was true among 35 to 44 year olds more than any other age group. Nearly 20 percent of respondents surveyed in this age group indicated that cost had prevented them from visiting a doctor in the past year.
- Unemployment rates have been consistently higher than that of New York State, with the exception of the past several months. In the first quarter of 2009, unemployment rates were above 11 percent.
- 59.2 percent of Schoharie County residents age 25 or older have a high school diploma or less as their highest form of educational attainment.

II. Health Status Information

A. Prenatal Care and Infant Mortality

Since the early 1990s, the number of pregnancies has been declining in Schoharie County, leading to a decrease in the number of births annually, and the birth rate in Schoharie County is consistently lower than that of Upstate New York. This is in keeping with the gradual shift of Schoharie County toward an

elderly population. Though prenatal care is readily available in Schoharie County, the percentage of live births receiving early prenatal care fails to meet the Healthy People 2010 (HP2010) or the New York State Prevention Agenda target, and the same is true for the percent of live births that are classified as low birth weight. An additional challenge facing maternal and child health in Schoharie County is that there are no maternity or birthing centers in the county.

Though Schoharie County does not yet meet the Healthy People 2010 target in all target areas, the county has more positive outcomes in several Prenatal Care and Infant Mortality indicators than New York State overall and the surrounding region:

- The adolescent birth rate in Schoharie County is lower than that of both the Northeastern New York region and New York State overall.
- Schoharie County does have a higher percentage of births receiving early prenatal care, and a lower percentage of low birth weight births, than both the surrounding region and New York State overall although none meet the Healthy People 2010 target.
- The infant mortality in Schoharie County fluctuates widely due to a small sample size and is not consistently above or below that of New York State.

B. Child Health

Child access to health care is an issue of great importance, and in Schoharie County, as well as across New York State, there are several programs in place to help ensure that all children have adequate access to health care. The Child Health Plus program is available to uninsured or under-insured families with children and provides health insurance to all non-Medicaid eligible children. This assurance of health insurance coverage greatly increases the access to health care for many children in Schoharie County. Further increasing access to care for some children in the county is the recently opened Bassett School Based Health Center at Middleburgh Central School. This clinic provides services to children during school hours, and there are never any out-of-pocket expenses to the family for SBHC services. In addition, since 2003 no municipalities in Schoharie County have been identified as either a Health Personnel Shortage Area (HPSA) or a Medically Underserved Area (MUA) for primary or dental care services. Finally, the 2003-2004 School Immunization Survey showed that 93% of Schoharie County children are fully immunized.

In addition, injuries in children are an area of concern in Schoharie County:

- The hospitalization rate due to unintentional injuries among children has been higher in Schoharie County than New York State overall for two of the five years prior to this report.
- The leading cause of injury hospitalizations among children less than 19 was falls, but the category with the single highest number of hospitalizations in an individual age group was motor vehicle accidents among children aged 15-18.

- There are between 80 and 130 indicated reports of child abuse annually in Schoharie County.

C. Family Planning

Despite a gradual decline in the overall number of pregnancies and births compared to New York State, family planning remains an important practice in Schoharie County. There are many resources for family planning in Schoharie County, including Planned Parenthood Mohawk Hudson, Community Maternity Services, The Women's Health Center at Cobleskill Regional Hospital, the Wellness Center at SUNY Cobleskill, the NYS Family Planning Benefit Program and private physicians throughout the county.

D. Nutrition

Nutrition, a broad aspect of health, is of great importance for Schoharie County. There are several programs in place throughout the county to ensure that adequate nutrition is available to the most vulnerable, including WIC, school lunch programs, food stamps, senior meal programs, food pantries and a food buying program. As previously described, poverty is a significant issue in Schoharie County. According to the American Communities Survey, 868 out of 12,338 total households in Schoharie County receive food stamps. Likewise, each year approximately 17 percent of children under the age of 11 receive food stamps in Schoharie County.

Weight status, and other related indicators of health, illustrates the importance of nutrition and physical activity as priorities for Schoharie County:

- Schoharie County has a higher percentage of WIC children who are overweight or obese than both the Northeastern New York region and New York State overall. Further, the percentage of obese children in Schoharie County well exceeds the HP 2010 target and the national average for childhood obesity.
- Schoharie County has a higher percentage of adults who are obese than New York State overall, and the prevalence of obesity is significantly higher than the HP2010 target.
- According to the 2008 BRFSS, the percent of adults in Schoharie County who had participated in leisure time physical activity in the last 30 days was 77.5%.
- According to the 2008 Interim BRFSS, 24.9% of Schoharie County adults reported eating five or more fruits or vegetables per day. This is significantly lower than the HP2010 goal.
- Schoharie County had a lower percent of WIC children who tested positive for anemia than the Northeastern New York region, but both the region and the county had a higher percentage than New York State overall.

F. Substance Use

Substance use is also a very wide category, and in this document encompasses alcohol use, tobacco use and the use of other drugs. Schoharie County faces significant challenges in some aspects of these categories:

- The percent of adults who reported binge drinking in the past 30 days in Schoharie County is lower than that of New York State overall, but the percent of adults who reported heavy drinking in the past 30 days in Schoharie County is higher than that of New York State overall.
- Alcohol related motor vehicle accidents are significant in Schoharie County, and the rate of alcohol related motor vehicle accidents and injuries is nearly double that of New York State overall.
- There is a high prevalence of tobacco use in Schoharie County, with 23% of surveyed adults reporting being current smokers. This percentage is nearly double the objective set by the New York State Prevention Agenda of 12%.
- The rate of drug related hospitalizations in Schoharie County is well below the New York State rate and also meets the New York State Prevention Agenda Objective. Further, the percent of all arrests attributed to drugs in Schoharie County has been decreasing since 2005.

G. Injury Prevention

The mortality rate of unintentional injuries in Schoharie County is significantly higher than that of New York State overall. In addition, the hospitalization rate due to falls is significantly higher in Schoharie County than New York State overall, and increases drastically over age 65. Self-inflicted injuries and assaults do not represent large numbers of injury hospitalizations in Schoharie County.

Motor vehicle accidents in Schoharie County are a major cause of hospitalization and injury:

- Though the mortality rate due to motor vehicle accidents in Schoharie County has decreased since 2001, the rate remains significantly higher than that of New York State overall.
- In 2007, there were 670 motor vehicle accidents in Schoharie County. According to the New York State Department of motor vehicles, the top four contributing factors for motor vehicle crashes are unsafe speed, driver inattention, failure to yield and alcohol.
- The rate of alcohol related motor vehicle injuries and deaths was 82.6 per 100,000 in Schoharie County, nearly double the New York State rate of 41.9 per 100,000.

- Each year, approximately 10% of traffic tickets issued in Schoharie County are for failure to use a safety restraint. Further, over 83% of those receiving these tickets have previously been convicted of the same charge.

H. Dental Health

Dental health was identified as the main priority on the 2005-2010 Community Health Assessment, and for adults in Schoharie County, affordable access to dental care may not be readily available:

- According to the BRFSS 2008 Interim Report, sixty five percent of Schoharie County adults surveyed had seen a dental professional in the previous 12 months. While this is higher than the HP2010 target, it is well below the New York State average.
- Within Schoharie County, there are 14 dentists and nine dental practices; a limited number are currently accepting new Medicaid patients.
- Starting in the summer of 2006, American Mobile Dental has been traveling throughout Schoharie County providing dental care to residents with Medicaid, minimal or no insurance.
- An important limitation to analysis of dental health in Schoharie County is that recent on data on dental health is either very limited or unavailable.

Section 2: Disease Control

I. Immunization

A. Vaccine Preventable Disease

Between 2005 and 2007, there were no reported cases of measles, mumps, rubella, diphtheria or tetanus in Schoharie County. There were, however, 38 reported cases of pertussis and 41 laboratory confirmed cases of influenza. According to the 2008 Interim BRFSS, 73% of the population aged 65 and over received an influenza vaccination and 65% received a pneumococcal vaccine in the past 12 months. Both of these numbers fall short of their respective HP2010 targets.

There are several services in place in Schoharie County to help ensure that all children in the county receive the necessary vaccines, including Childhood Immunization Clinics run through the Schoharie County Health Department, and the Vaccines for Children (VFC) program that helps children without health insurance obtain vaccines from private providers.

II. Communicable Diseases

A. Most Common Reportable Diseases

The most common reportable diseases, excluding sexually transmitted diseases, in Schoharie County between 2005 and 2007 were Campylobacteriosis, Giardiasis, Lyme Disease, Pertussis and Streptococcal

Group B. If sexually transmitted diseases were included in this category, Chlamydia would be the second most commonly reported disease.

B. Sexually Transmitted Disease (STD)

There is one public STD clinic in the county at Planned Parenthood in Cobleskill. Likewise, HIV testing and counseling is available at various sites throughout the county, including free HIV testing at Planned Parenthood Mohawk Hudson. However, there are no anonymous HIV testing services in the county.

In general, Schoharie County has a lower incidence rate of most sexually transmitted diseases than New York State overall, and for many already meet the HP2010 objective.

- For the years 2004-2006, among both genders and all age groups, the rate of Chlamydia infection was lower in Schoharie County than in New York State overall. However, it is important to note that Chlamydia still presents an issue for the county as it is the second most common communicable disease among Schoharie County residents.
- The rate of Gonorrhea infection in Schoharie County is considerably lower than that of New York State overall.
- There were no reported cases of syphilis in Schoharie County between 2000 and 2007.

C. Rabies

Rabies has been endemic in Schoharie County since the introduction of raccoon rabies in the wildlife population in 1992. Annually, eight rabies vaccination clinics are held throughout the county providing free services to county residents, and more than 850 animals have been vaccinated each year since 2006. Raccoons are the animals most commonly submitted for rabies analysis, followed by bats, skunks and cattle.

D. West Nile Virus

From 2005-2009, there were no reported cases of West Nile Virus in Schoharie County. Likewise, there were no mosquito pools, mammals or live birds who tested positive during the same time period.

E. Tuberculosis

There have been no reported cases of Tuberculosis in Schoharie County since 1996.

F. Human Immunodeficiency Virus (HIV) & Acquired Immune Deficiency Syndrome (AIDS)

In 2006, there were no new cases of HIV and two new cases of AIDS in Schoharie County, meeting the HP2010 objective. Further, both the HIV case rate and AIDS case rate are lower in Schoharie County than

in New York State overall. Finally, from 2004-2006 there were no hospitalizations or deaths reported indicating that a child under the age of 2 was infected with HIV or AIDS.

III . Chronic Diseases

A. Leading Causes of Chronic Disease Death

The leading causes of chronic disease death in Schoharie County are cardiovascular disease, respiratory disease, cerebrovascular disease, diabetes and liver disease. The mortality rates of several of these diseases are higher in Schoharie County than that of New York State overall, and chronic diseases are a top health priority for the county.

B. Cardiovascular Disease

Cardiovascular disease is the leading cause of chronic disease death in Schoharie County. Although the mortality rate from cardiovascular disease has been decreasing since 1996, the current rate is still significantly higher than the HP2010 objective.

C. Cancer

Cancer, in several forms, also presents significant health challenges to Schoharie County:

- Lung cancer is the leading cancer-related cause of death in Schoharie County. Further, the incidence rate of lung cancer in Schoharie County is higher than that of New York State overall, and Schoharie County has the 7th highest incidence rate of all 62 counties in New York State.
- The incidence rate of colorectal cancer in Schoharie County is lower than that of the surrounding region but higher than that of New York State overall.
- Both the incidence rate and the mortality rate of female breast cancer are higher in Schoharie County than the surrounding region and New York State overall.
- Though prostate cancer has the second highest incidence rate of all cancers in Schoharie County, Schoharie County has the lowest incidence rate for prostate cancer out of all 62 New York counties.

D. Respiratory Diseases

Though the hospitalization rate from respiratory diseases in Schoharie County is lower than that of New York State, the mortality rate is higher in Schoharie County.

E. Cerebrovascular Disease (Stroke)

Though the mortality rate for cerebrovascular disease is higher in Schoharie County than that of New York State, the HP2010 target has already been met in both Schoharie County and across New York State.

F. Diabetes

The mortality rate due to diabetes in Schoharie County has been higher than that of New York State since 1993.

G. Adult Asthma

The 2008 Expanded BRFSS Interim Report indicates that prevalence of adult asthma is higher in Schoharie County than in New York State overall, but the mortality and hospitalization rates for adult asthma are lower in Schoharie County.

H. Disability

Approximately 20 percent of Schoharie County adults are living with a disability. When separated by gender, females report having a disability slightly more than males.

I. Chronic Disease Prevention

Educating the public about heart disease, stroke, cancer prevention and the adverse effects of tobacco use has been a priority for the Schoharie County Department of Health, as well as several other agencies within the county.

Section 3: Access to Health Care

I. Availability of Health Care Resources/Facilities

There are no Health Personnel Shortage Areas (HPSA) or Medically Underserved Areas (MUA) in Schoharie for primary or dental care services. However, the county is a HPSA for mental health services. There are no resident psychiatrists in the county.

A. Hospitals

Cobleskill Regional Hospital, a 40-bed, not-for-profit hospital, is the one hospital located within the county. There are also 14 area hospitals that serve Schoharie County residents, including two medical centers, in the surrounding area.

B. Private Providers

There are 21 licensed medical providers within Schoharie County, nine of which are family practice physicians. The majority of physicians accept Medicaid, Medicare and Child Health Plus, but only eight accept Family Health Plus.

C. Nursing Homes

Currently, there are no nursing home facilities in Schoharie County.

D. Adults Homes/Assisted Living Facilities

There are three adult care/assisted living facilities in Schoharie County: The Marchand Manor Home for Adults and the Sharon Springs Manor, both in Sharon Springs and Van Aller's Adult Home in Schoharie.

E. Emergency Medical Services

Throughout Schoharie County there are 11 ambulance services and six non-transport first response services providing emergency medical services to Schoharie County residents.

F. Home Health Services

There are several agencies that provide home health services, for various needs, in Schoharie County:

- The Certified Home Health Agency (CHHA) of the Schoharie County Health Department provides intermittent home care by a staff of multi-disciplinary health professionals. The primary medical conditions receiving home care from the CHHA include vascular/circulatory dysfunction, injuries, ill defined conditions, musculoskeletal conditions and endocrine disorders.
- The Catskill Area Hospice and Palliative Care Facility provide services to residents with life-limiting illness in Schoharie County. The Community Hospice in Rensselaer and the Community Hospice of Schenectady also serve Schoharie County residents.
- The Expanded in Home Services for the Elderly Program (EISEP) provides aid to residents age 60 or older with limited ability to perform activities of daily living.

Schoharie County Priorities under the New York State Prevention Agenda

Based on the data identified and analyzed in this Community Health Assessment, the Schoharie County Health Department, in collaboration with a work group including Cobleskill Regional Hospital, identified two priority areas for Schoharie County from the New York State Prevention Agenda. The work group also used results of a Key Informant Survey given to community partners to assess perceived areas of need to help establish the priorities. The priority areas identified for Schoharie County are tobacco use and nutrition/physical activity. For each of the priority areas, the collaborative team was also tasked with identifying a goal and intervention strategies aimed at reaching the goal. These goals and strategies for Schoharie County are as follows:

Tobacco Use

- Strive to meet the New York State Prevention Agenda Objective to reduce the percent of adults who smoke in Schoharie County from 23% to 12%.

- To meet this goal, the hospital will increase referrals to fax to Quitline, increase counseling during other services offered at the hospital and participate in the Great American Smokeout in November.
- The Health Department will help meet this goal by offering increased counseling at blood pressure and glucose screening clinics, as well as providing provider education and awareness activities

Nutrition/Physical Activity

- This goal has two parts. The first is to improve the percentage of adults in Schoharie County who increase their levels of regular physical activity toward a goal of three days per week. The second is to increase the percentage of adults who eat five servings of fruits and vegetables daily from the current level in Schoharie County of 25% to the Healthy People 2010 objective of 75%.
- To meet this goal, the health department will apply for a New York State Department of Health grant to provide increased funding for these target areas, and collectively build on the Small Steps Program. The Health Department and Cobleskill Regional Hospital also plan to continue to involve other community agencies in the development of this intervention.

SECTION 1: POPULATIONS AT RISK

I. DEMOGRAPHICS

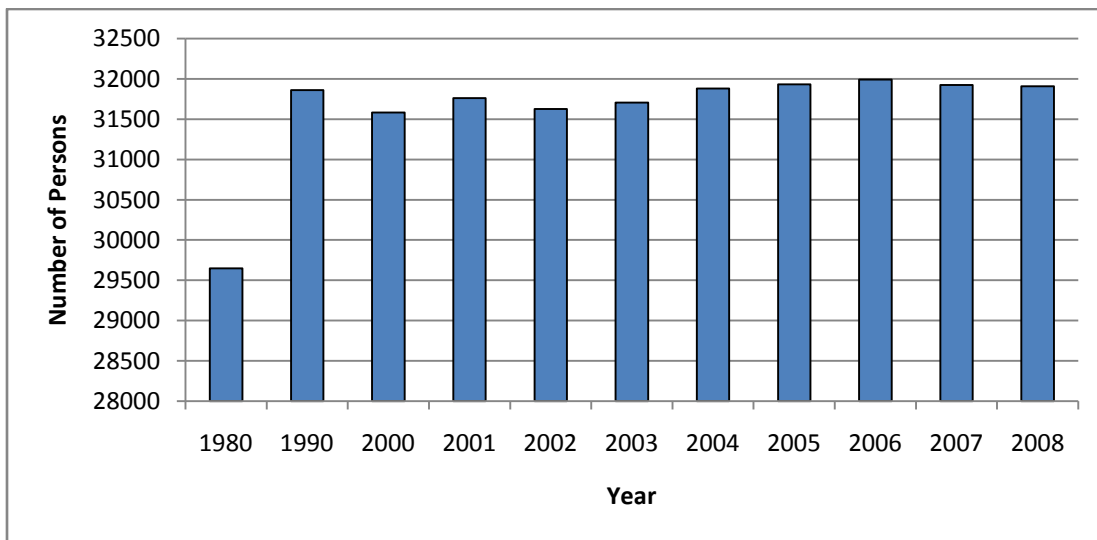
A. OVERALL SIZE

Schoharie County was formed in 1795 from portions of Otsego and Albany counties. Predominantly rural, Schoharie County is located in northeastern New York State, west of Albany and southeast of Utica. In the year 2007, Schoharie County was noted to cover 622.02 square miles of land with approximately 51.55 persons per square mile. This is in comparison with New York State's average population density of 408.73 persons per square mile, highlighting Schoharie County's sparse population.

According to a U.S. Census 2008 estimate, the total population of Schoharie County is 31,910. This represents a 0.3% decrease from the 2004 population estimate and a 1% increase from the 2000 population. Based on 2008 Population estimate, Schoharie is the 58th largest county in New York, out of 62 counties, indicating that only 4 counties in New York State have a smaller population than Schoharie County.

Figure 1 shows the population change since 1980. The chart includes Census estimates for 2001 – 2008:

Figure 1: Population Change since 1980, Schoharie County



US Census Bureau 2008 Population Estimates

There are 16 towns and six villages within the county. The county seat is the Village of Schoharie. The town and village of Cobleskill comprise the largest population center in the County with 6,593 residing in the town in 2007, of which 4,693 reside in the village of Cobleskill. It is noteworthy to point out that the State University of New York's Agricultural and Technical College is located in Cobleskill and, in 2007 the

college population was greater than 2,500. Further, 80% of the college students and professors reside on campus or in the immediate Cobleskill area.

Figure 2 provides a breakdown of each municipality's population size. Comparisons prior to 2007 are given per decade, beginning with 1980. The town of Fulton had the greatest population decrease from 2000 to 2007, with a decrease of 93 people or 6.22%. The village of Middleburgh had the largest increase in population from 2000 to 2007, with an increase of 213 people or 15.38%. The town of Carlisle had the second largest population increase of 12.4%, or 218 people.

Figure 2: Population by Municipality, 1980 - 2007

MUNICIPALITY	1980	1990	2000	2007
Blenheim Town	292	332	330	338
Broome Town	761	926	947	931
Carlisle Town	1417	1672	1758	1976
Cobleskill Town	7048	7270	6407	6593
Cobleskill Village	5272	5268	4533	4693
Conesville Town	681	684	726	723
Esperance Town	1951	2101	2043	2028
Esperance Village	374	324	380	377
Fulton Town	1394	1514	1495	1402
Gilboa Town	1078	1207	1215	1201
Jefferson Town	1108	1190	1285	1247
Middleburgh Town	2980	3296	3515	3715
Middleburgh Village	1358	1436	1398	1613
Richmondville Town	2186	2397	2412	2383
Richmondville Village	792	843	786	794
Schoharie Town	3107	3369	3299	3318
Schoharie Village	1016	1045	1030	999
Seward Town	1587	1651	1637	1735
Sharon Town	1915	1892	1843	1815
Sharon Springs Village	514	543	547	1735
Summit Town	903	973	1123	1521
Wright Town	1302	1385	1547	1137
Schoharie County Total	29710	31859	31582	32063

US Census Bureau 2007 Population Estimates

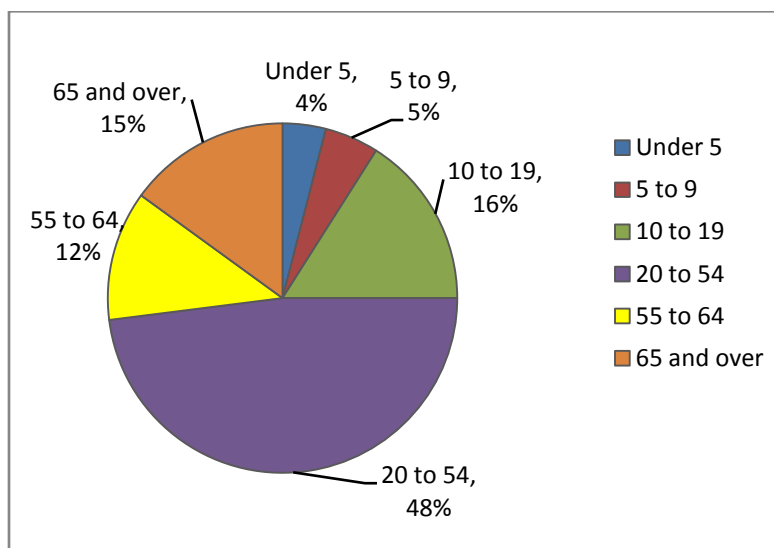
B. BREAKDOWN BY:

a) AGE

In 2000, the median age of Schoharie County's population was 38.0, slightly higher than the 2000 New York State median age of 35.9. In 2007, the median age of Schoharie County's population was 39.6. This

is an increase over the median age from 2007 and remains higher than New York State's median age of 37.7 for 2007. The child-adolescent population at the 2000 census was 28.9%, which had decreased from 30.7% in 1990, and in 2006 has further decreased to 25%. In contrast, the 20 to 64 age group continues to grow, increasing from 55.1% in 1990 to 58.7% in 2000 and further increasing to 59.7% in 2006. The 65 and older cohort remains at 15% as it was in 2000, continuing to represent a shifting in trends towards an older population. This is in keeping with expected rates throughout the country due to the baby-boom cohort rising in years. For a rural county like Schoharie, however, this shift will bring about many challenges to addressing the health concerns of this aging population. As will be discussed in a later section of the document, caring for the aging population also raises concern because there are currently no nursing home facilities in Schoharie County. Also of note, the changes in these age group proportions are beyond what was anticipated during previous assessments. Figure 3 shows the breakdown of the population by age group:

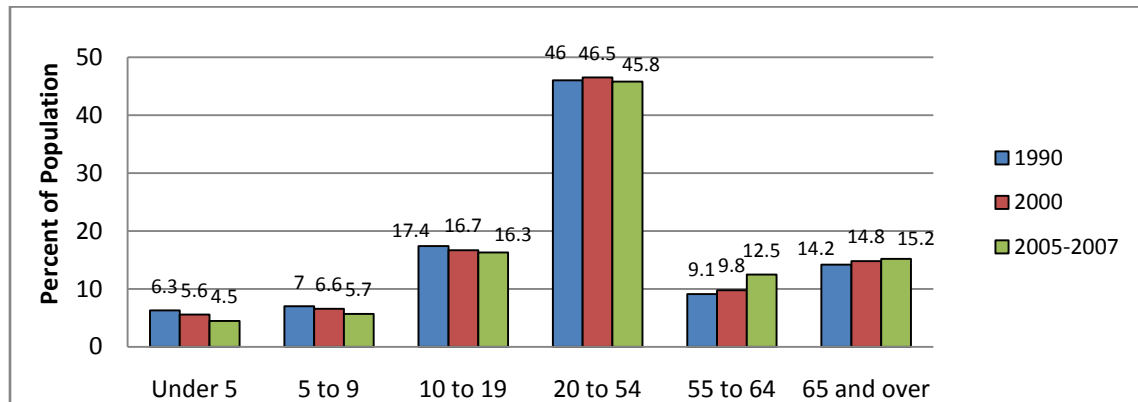
Figure 3: Schoharie County Population Breakdown by Age, 2006



US Census Bureau 2007 Population Estimates

The population continues to shift gradually towards an elderly population, as can be seen in Figure 4. In each of the age groups under 54, the population decreased between from 1990 to 2005-2007. However, each of the age groups 55-64 and 65 and over increased in percentage over the three time periods, with the biggest increases occurring in the age groups over 55 years.

Figure 4: Schoharie County Population Distribution by Age, 1990, 2000 and 2005-2007



US Census Bureau, American Community Survey 2005-2007

Schoharie County also has two unique challenges facing the accurate counting of the population by age group: the students of SUNY Cobleskill may represent a large portion of the young cohort in Schoharie County, and the county has a large population of “snow birds” that may be counted in the census for Schoharie County or for the other location where they spend the winter months. The census has developed a relatively good system for counting college students, and counts all students who live on campus or in the surrounding region (within Schoharie County) as Schoharie County residents. Students who commute from other areas are not counted. Dealing with the snow bird population, however, is a bit more complicated. People who spend several seasons of the year in Schoharie County and several seasons in a warmer climate further south may be counted in either region, depending on where these respective people consider their residency to be. Thus, there is no clear cut rule for how to count this population.

b) SEX

The breakdown of the female and male population was fairly close in 2007, with 50.4% female and 49.6% male. This represents a minor change from 2000 when these percentages were 50.2% and 49.8%, respectively. The median age in males, 38.7, is several years lower than the median age for females, 41.1. As the population ages, this distribution shifts towards greater numbers of females than males. One method of measuring this is by comparing the number of males per 100 females across age groups. According to the 2000 US Census, in the total population there are 99 males for every 100 females, and this distribution remains relatively constant until age 70. Figure 5 shows the number of males per every 100 females in Schoharie County for ages 70 and above. As can be seen, as age continues to increase beyond 70, the number of males per 100 females continues to decrease:

Figure 5: Males per 100 Females, Schoharie County

Age Group	Males Per 100 Females
70 to 74 years	91.7
75 to 79 years	77.4
80 to 84 years	65.4
85 to 89 years	51.0
90 and above	27.2

US Census 2000

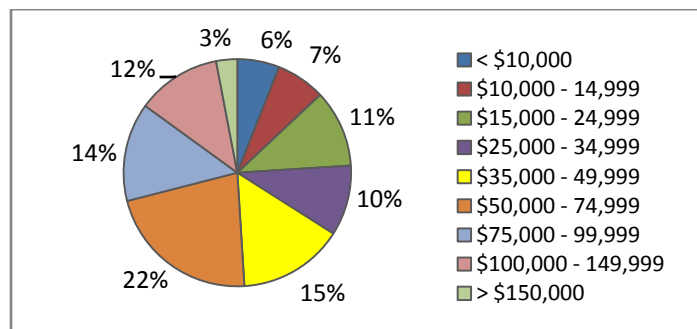
c) RACE

According to the 2007 Census estimates, the majority (96.6%) of the population is white with the remaining 3.4% made up of Black/African Americans (1.38%), American Indian/Alaska Native (0.3%), Asian American (0.53%), Native Hawaiian/Other Pacific Islander (0.2%), and those identifying themselves as two or more races (0.84%). Within the above groups, 708 identify themselves as being of Hispanic origin. While there is an upward trend noted for Hispanics and African Americans, the numbers are still small. Therefore, racial, language and ethnic barriers to healthcare access, while presenting challenges to those relatively few who are directly affected, are not widespread in Schoharie County.

d) INCOME

For 2007, the median household income for Schoharie County was \$44,525. While this is considerably lower than the median household income for New York State (\$53,448), this is higher than the median household income for several surrounding counties, including Delaware County (\$41,862), Montgomery County (\$41,869) and Otsego County (\$42,572). This is also a 17.8% increase over the 1999 median household income for Schoharie County of \$36,585. Nearly half (47.6%) of Schoharie County residents earn between \$25,000 and \$74,999, and 23.8% of the population earn \$24,999 or less. However, this represents an 8.1% decrease in the population who earns less than \$24,999. Figure 6 shows the breakdown of income across the county:

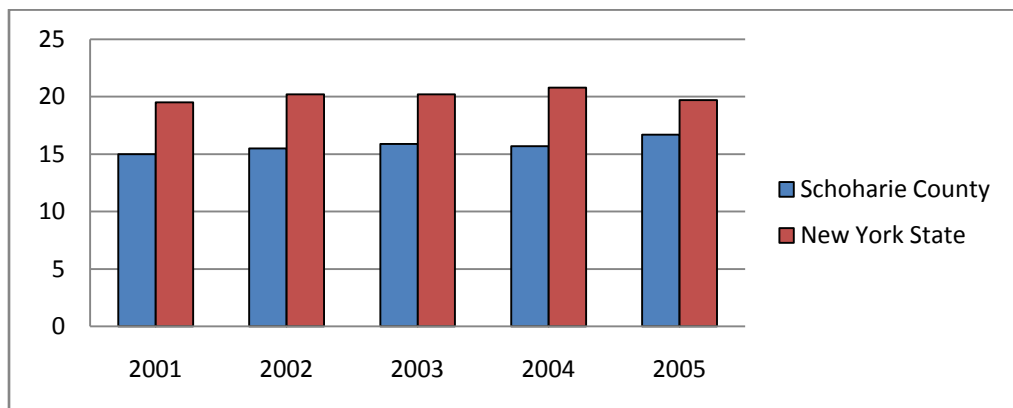
Figure 6: Income Levels, 2006



US Census Bureau 2007 Population Estimates

In 2007, there were 8,336 families¹ living in Schoharie County, 9.3% (775) of which were living below the poverty line. Further, there were 3,984 families with related children under the age of 18, 14.5% of which lived below the poverty line. The total number of people in the population who were assessed for poverty was 29,413. Of these people, 3,435 (11.7%) individuals were living below the poverty line. Figure 7 shows the percent of children below the age of 18 living in poverty in both Schoharie County and New York State. As can be seen in Figure 7, the percent of children living in poverty in Schoharie County is consistently below that of New York State overall. However, the percentage has been increasing slightly over the past several years, beginning at 15% in 2001 and ending at 16.7% in 2005.

Figure 7: Percent of Children under 18 Living in Poverty



Kids Wellbeing Indicator Clearinghouse

e) ACCESS TO HEALTH CARE

Health Insurance Coverage

In 2005, across all income levels there were 21,666 insured residents under the age of 65 in Schoharie County and 4,568 uninsured residents under the age of 65. This equates to 17.4% of the population in this age group being uninsured. When broken down by further age groups, 19.5% (3,872) of the population between the ages of 18 and 64 were uninsured, and 14.4% (1,585) of the population between the ages of 40 and 64 were uninsured.

Likewise, according to the 2008 Behavioral Risk Factor Surveillance System (BRFSS) Interim Report, 83.1% of adults in Schoharie County have health insurance, compared to 86.3% in New York State overall, equating to 16.9% of Schoharie County residents being uninsured. Figure 8 shows the percentage of Schoharie County residents with health insurance, broken down by age, as reported by the 2008 BRFSS interim report:

¹ Following the US Census Bureau standard definition, a family is defined as two more persons related by birth, marriage, or adoption and residing together.

Figure 8: Percentage of Schoharie County Residents with Health Insurance, by Age Group

Age	Estimated Number of Adults with Health Insurance	Percent
18 – 34	Numbers too small to estimate	
35 – 44	3,301	82.7%
45-54	4,205	87.9%
55-64	3,698	93.0%
65 and over	4,763	99.5%

BRFSS 2008 Interim Report

An important factor when considering the health of a community is whether residents have access to health care when needed. According to the 2008 BRFSS Interim Report, expense prevented 9.5% of Schoharie County residents from visiting a doctor. This was true among 35-44 year olds more than any other age group; 19.3% of respondents surveyed from this age group indicated that cost had prevented them visiting a doctor within the past year. Likewise, only 66.2% of residents surveyed had visited a doctor for a routine checkup within the past year, though the percentage increases with the age group of the respondents. The survey numbers were too small to report on the age groups 18-34 or 35-44, but 74.7% of people ages 45-54, 85% of people ages 55-64 and 87.1% of people 65 and over reported seeing a doctor for a routine checkup within the past year.

Public Transportation

Schoharie County has a unique public transportation system, Schoharie County Public Transit (SCPT), that allows residents without private transportation, or those who are no longer able to drive, a way of getting around the county. This eases a common barrier to health care by providing a method of reliable transportation to residents who either do not have access to private transportation or are not able to drive themselves to get medical care.

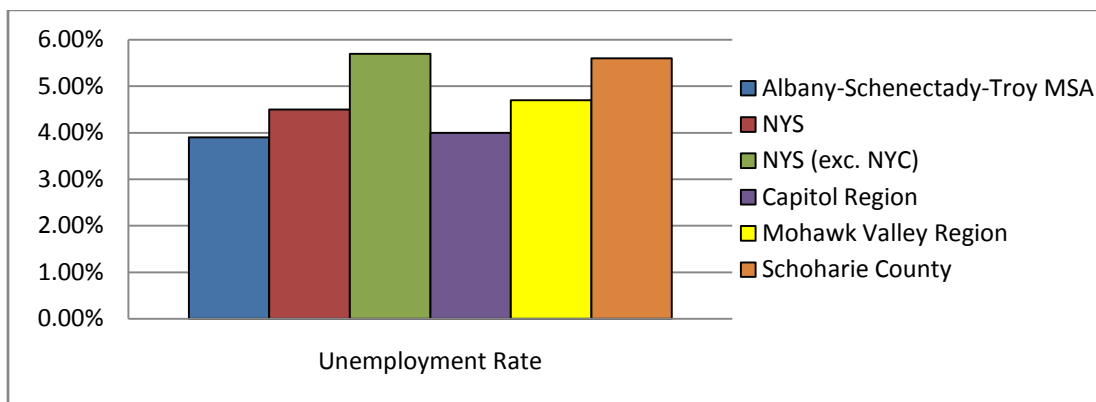
SCPT is a public transportation provider with a fleet of 14 buses that provide approximately 8,500 rides to Schoharie County residents annually. SCPT offers transportation to and from the Villages of Cobleskill, Middleburgh, Richmondville and Schoharie, and also provides service through the towns of Bleinheim, Broom, Carlisle, Cobleskill, Coneville, Esperance, Fulton, Gilboa, Jefferson, Middleburgh, Richmondville, Schoharie, Seward, Sharon, Summit and Wright. The system operates five fixed routes, two commuter routes, and three dial-a-ride routes. Wheelchair accessible services are always available, and route deviation is also possible for those who cannot make it to the regularly scheduled stops. Route deviation allows the bus to leave its normal route by no more than half a mile to pick up a passenger. The SCPT also offers commuter services to the hospitals in Albany, the State Office Complex in Albany, Cooperstown and Schenectady.

SCPT also strives to offer affordable services to Schoharie County. Fixed route fares are \$1.00 - \$1.50, depending on the route, and dial-a-ride fares are \$4.00. Senior citizens may purchase ride tokens at a 50% discount at the Schoharie County Public Transportation Office for the Aging.

f) EMPLOYMENT

In 2005, the unemployment rate for Schoharie County was 4.8%. In 2007, the unemployment rate was 5.6%, a 0.8% increase over 2005. Figure 9 shows the annual unemployment rate for 2007 for Schoharie County and several surrounding areas. From this, and the subsequent tables to follow, it is evident that unemployment is a considerable problem for Schoharie County.

Figure 9: Annual Unemployment Rates, 2007



New York State Department of Labor

Though data annual for 2008 is not yet available for all regions in the graph above, data for Schoharie County, New York State and the Albany-Schenectady-Troy Metropolitan Statistical Area (MSA) are available. These numbers are reported in Figure 10:

Figure 10: Annual Unemployment Rates, 2008

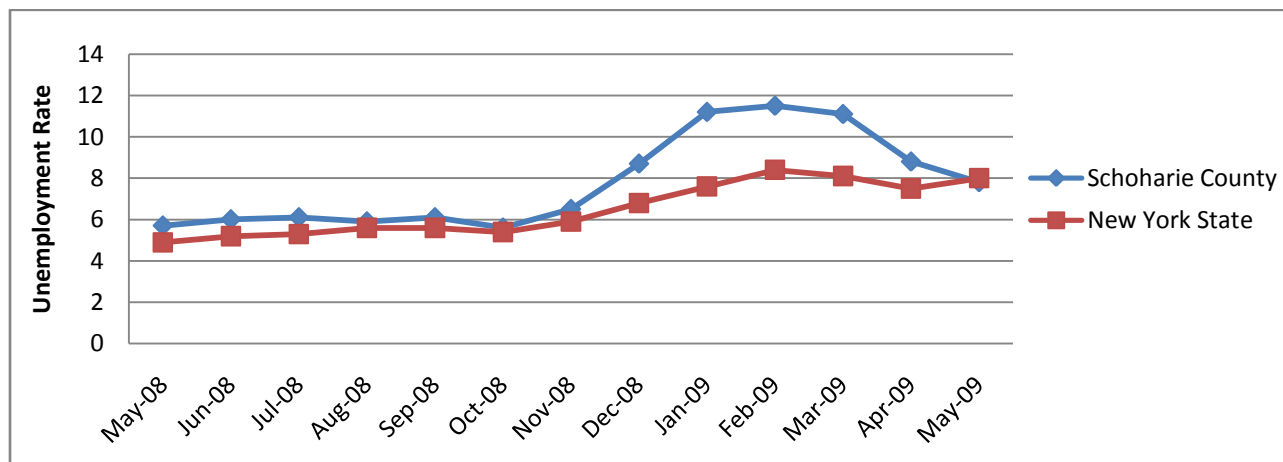
Region	2008 Annual Unemployment Rate
Schoharie County	6.9
Albany-Schenectady-Troy MSA	5.0
New York State	5.4

US Department of Labor, Bureau of Labor Statistics

The monthly unemployment rates for May 2008 through May 2009 are shown on Figure 11 for New York State and Schoharie County. As can be seen, the unemployment rates for Schoharie County have been consistently higher than that of New York State and have also increased in 2009. The highest unemployment rates were in January, February and March of 2009 for Schoharie County with unemployment rates of 11.2, 11.5 and 11.1, respectively. It is important to note, however, that a similar trend has been seen in previous years, as well, with the months of January, February and March tending to have a higher unemployment rate than the other months of the year and may be due to the extensive

prevalence of seasonal farm work throughout Schoharie County. Though the unemployment rate in May 2009 remained higher than it was in 2008, it decreased to 8.8 in April and even further to 7.8 in May. Further, for the first time in 12 months, the unemployment rate in May 2009 for Schoharie County was lower than that of New York State overall.

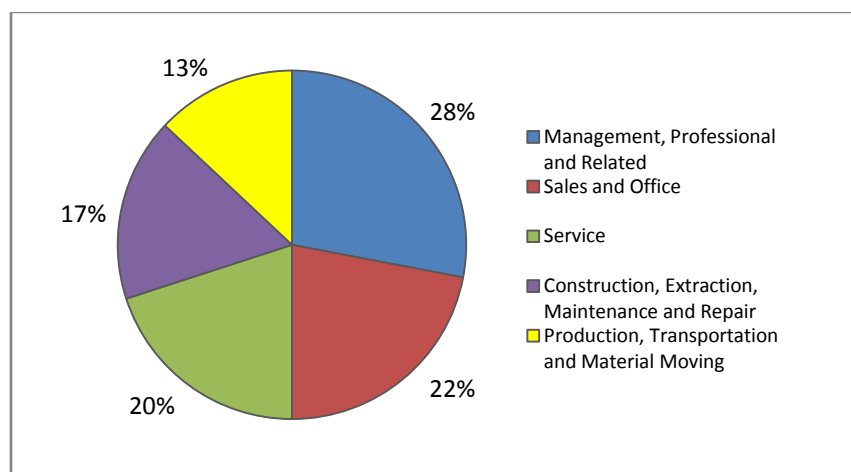
Figure 11: Monthly Unemployment Rates, May 2008 - May 2009



US Department of Labor, Bureau of Labor Statistics

According to the 2005-07 American Community Survey, in 2007 the largest percentage of workers (28%) were employed in management, professional and related occupations, followed by sales and office occupations (22%). The remaining largest categories of occupation in Schoharie County were service occupations (20%); construction, extraction, maintenance and repair occupations (17%) and production, transportation and material moving occupations (13%). Figure 12 shows the detailed employment by Industry in Schoharie County for 2005-2007:

Figure 12: Employed Population by Occupation Type

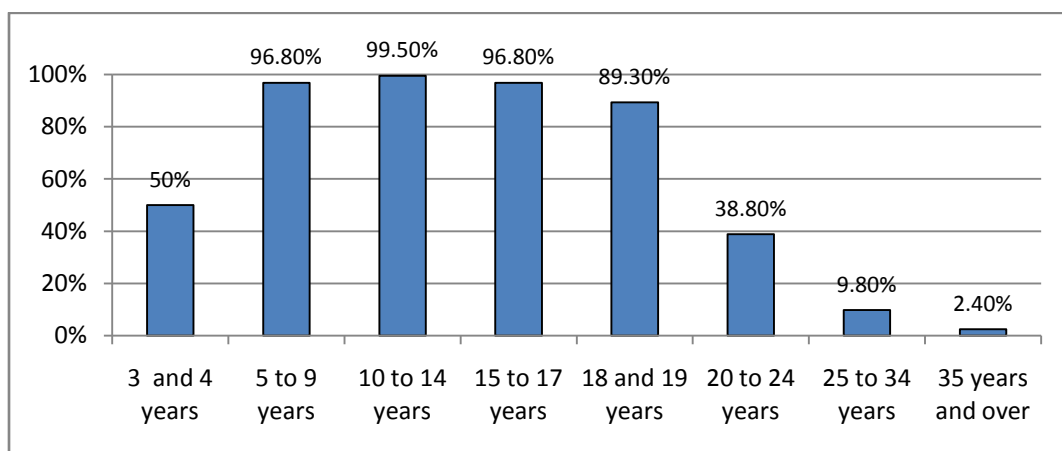


American Community Survey, 2005-2007

g) EDUCATIONAL ATTAINMENT

Schoharie County residents are served by six school districts: Cobleskill-Richmondville Central School District, Sharon Springs Central School District, Schoharie Central School District, Jefferson Central School District, Middleburgh Central School District and Gilboa-Conesville Central School District. All six met or exceeded the national average for students going on to a 2-year college in 2006. From 2005-2007, the average annual total school enrollment for people over the age of three was 8,591. Figure 13 shows the percent of each given age group that was enrolled in school in Schoharie County between 2005 and 2007:

Figure 13: Percent of Age Group Enrolled in School, 2005-2007

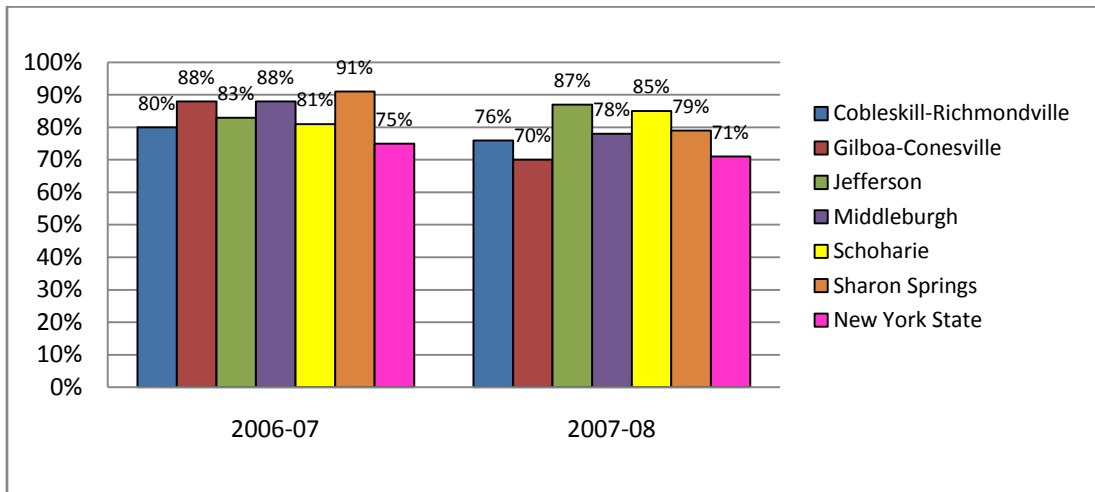


American Community Survey 2005-2007

Graduation Rates

Each of the six school districts had a graduation rate higher than that of New York State for the 2006-07 and 2007-08 school years. The graduation rates, as reported on the NYS Department of Education District Report Cards, are shown in Figure 14. As can be seen, the graduation rate in each of Schoharie County's six school districts is higher than that of New York State overall. Four of the six school districts had a decrease in their graduation rates over the two years. Schoharie Central School District and Jefferson Central School district both had an increase in graduation rates. Sharon Springs had the largest drop in graduation rates from 2006-07 to 2007-08, with a decrease from 91% to 71%. Because of the small population of Schoharie County, including the Sharon Springs School District, any change in the number of students graduating could result in a large percent change. Schoharie County Health Department and the Schoharie County School Districts continue to put emphasis on increasing high school completion rates.

Figure 14: Graduation Rates by District, 2006-07 and 2007-08



New York State Department of Education, District Report Cards

Another factor to consider when assessing what percent of high school students within Schoharie County successfully complete high school is the percent of students who drop out. One way to assess high school dropout rates is to follow a cohort of students from 9th grade until graduation. A cohort is considered all students who start 9th grade on the first day of an academic school year. Students who move, transfer schools or are otherwise removed from the school are removed from the cohort and do not count as students who drop out. Often, graduation rates calculated by cohort are slightly different than those reported on the school district report cards, which report based on grade level but do not report based on cohort. Further, the district report cards do not enumerate students who failed to graduate because they are still enrolled in school. Thus, graduation rates for the 2004 cohort (ninth grade students who were enrolled in school on the first day of the 2004 academic school year) are shown in Figure 15 for the 2007-08 school year, as well as the number of students in each district who are still enrolled in school and who dropped out:

Figure 15: 2004 Cohort Graduation Statistics

School District	Graduated with Regents or Local Diploma	Earned IEP Diploma ²	Still Enrolled	Transferred to GED Preparation Program	Dropped Out
Cobleskill-Richmondville	82%	--	4%	--	14%
Gilboa-Conesville	77%	9%	6%	--	9%
Jefferson	79%	--	4%	--	17%
Middleburgh	81%	5%	6%	--	8%
Schoharie	81%	3%	11%	--	5%
Sharon Springs	81%	--	14%	--	6%

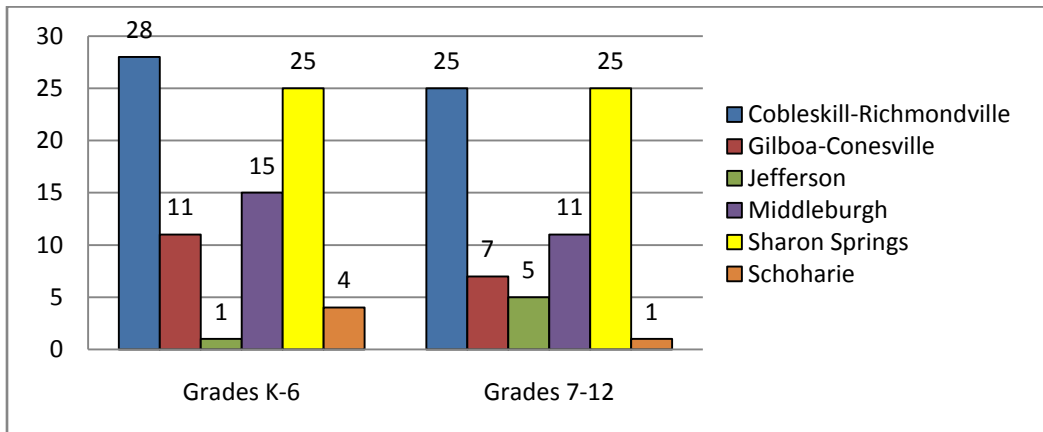
NYS Education Department, Public School District Total Cohort Graduation Rate and Enrollment Outcome Summary

For students who drop out of high school in Schoharie County, as well as several other counties in the surrounding area, the Board of Cooperative Educational Services (BOCES) provides opportunities for continued education, including a General Educational Development (GED) program. According to BOCES data, 11 students who dropped out from a Schoharie County School in 2008 entered a GED program at BOCES, and 6 students who dropped out in 2009 entered a GED program. Of these students, 8 have successfully completed their GED, two have completed their tests with pending results, and the remaining are still in the process of completing a GED. Several school districts within Schoharie County have expressed that receiving data directly from BOCES on students who enter and complete a GED program would be very useful, particularly in tracking data such as graduation and dropout rates.

Homeschooling: An additional option for attaining education in Schoharie County is homeschooling. The number of children who are homeschooled in Schoharie County varies by district. Figure 16 summarizes the number of children homeschooled in each of the six school districts in Schoharie County in the 2007-08 school year:

² Individual Education Plan Diploma is a diploma following completion of a high school program tailored specifically to a student with special needs.

Figure 16: Number of Schoharie County Children Homeschooled, by District and Grade Level

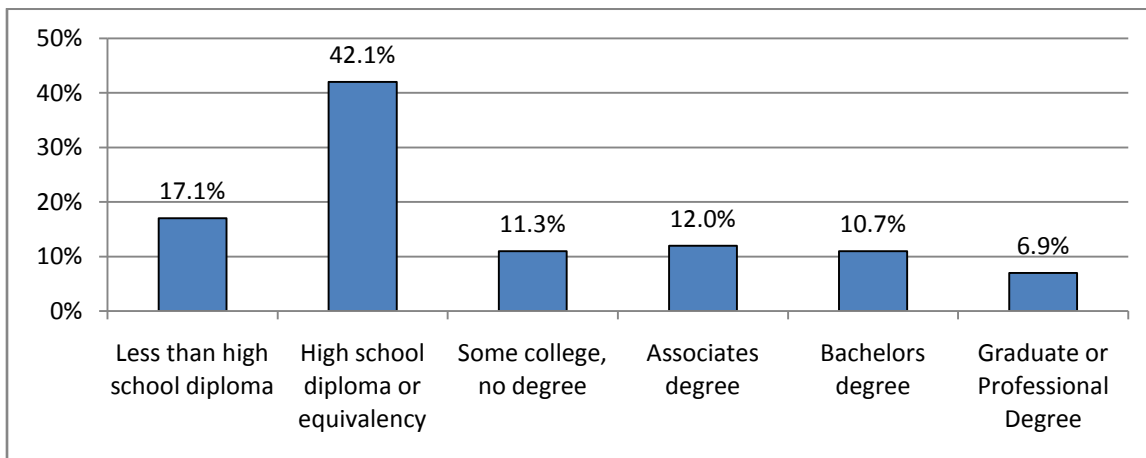


New York State Department of Education, Information and Reporting Services

Educational Attainment

According to the 2005-07 American Community Survey, 82.9% of the Schoharie County population has attained a high school diploma or higher. Of this population 59.2% have earned a high school diploma or less and 29.6% have earned a two year college degree or higher. In 2000, 81.7% of the population had attained a high school diploma or higher and 17.3% of the population had earned a college degree or higher. In summary, 83% of Schoharie County residents have attained a high school diploma or higher education. Figure 17 summarizes the educational attainment of Schoharie County residents:

Figure 17: Educational Attainment of Schoharie County Residents, 2007



American Community Survey, 2005-2007

h) HOUSING

From 2005 to 2007, Schoharie County had a total of 16,000 housing units, 25% of which were vacant. Of the total housing units, 72% was in single-unit structures, 12% was in multi-unit structures, and 15% was mobile homes. Seventeen percent of the housing has been built since 1990. Schoharie County had 12,338 occupied housing units of which 9,400 (76%) were owner-occupied and 3,000 (24%) renter

occupied. One percent of the households did not have telephone service and six percent of the households did not have access to a car, truck or van for private use. However, multi-vehicle households were not rare: 42% had two vehicles and another 22% had three or more.

Of the occupied housing units, 189 (1.5%) lacked complete plumbing facilities, 25 (0.2%) lacked complete kitchen facilities, and 106 (0.9%) lacked telephone service. It is important to note that during this time period, it is possible that some homes without phone service may have been by choice, largely because of the increasing popularity of cell phones.

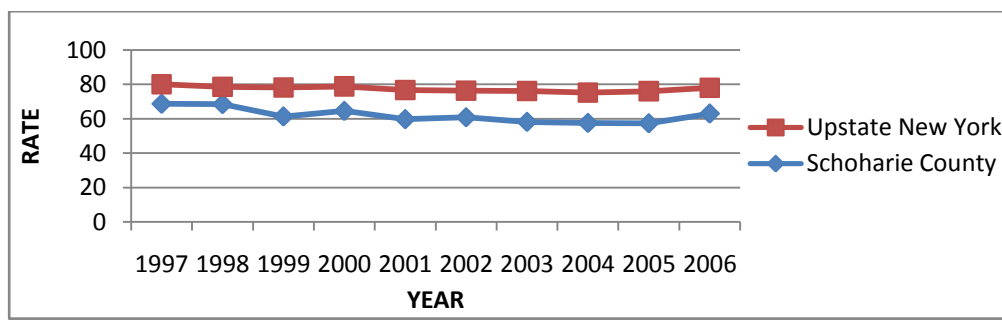
II. HEALTH STATUS INFORMATION

A. PRE-NATAL CARE AND INFANT MORTALITY

a) Pregnancy

Since the early 1990s, the number of pregnancies, as well as the pregnancy rate for women age 15-44, has been declining in Schoharie County, leading overall to a decrease in births annually. The only exception to this in 2004 to 2005 when there was a slight increase in the number of birth in Schoharie County. Schoharie County has consistently maintained a pregnancy and birth rate markedly below the Upstate New York rate, as shown in Figure 18.

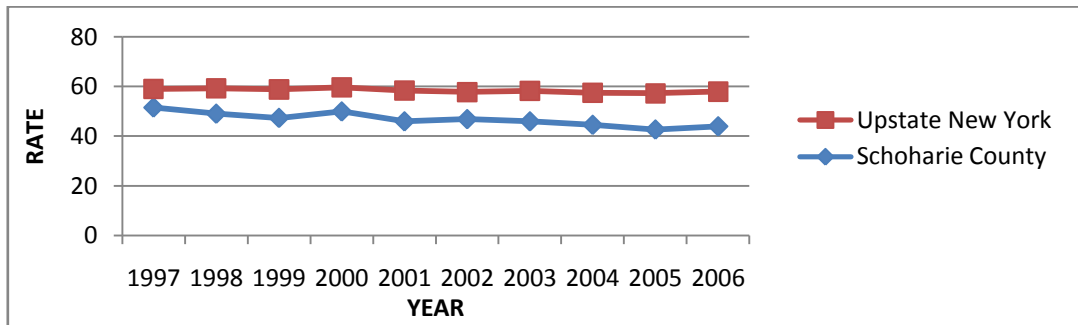
Figure 18: Pregnancy Rate per 1,000 Females Age 15-44



NYSDOH Community Health Assessment Indicators

Figure 19 shows the birth rate per 1,000 females age 15 -44 in both Schoharie County and Upstate New York. Figure 19 highlights that the birth rate in Schoharie County is consistently lower than that of Upstate New York, as well as the general trend of a decreasing birth rate in Schoharie County. This trend is correlated with the aging population of Schoharie County:

Figure 19: Births per 1,000 Females Age 15- 44



NYSDOH Community Health Assessment Indicators

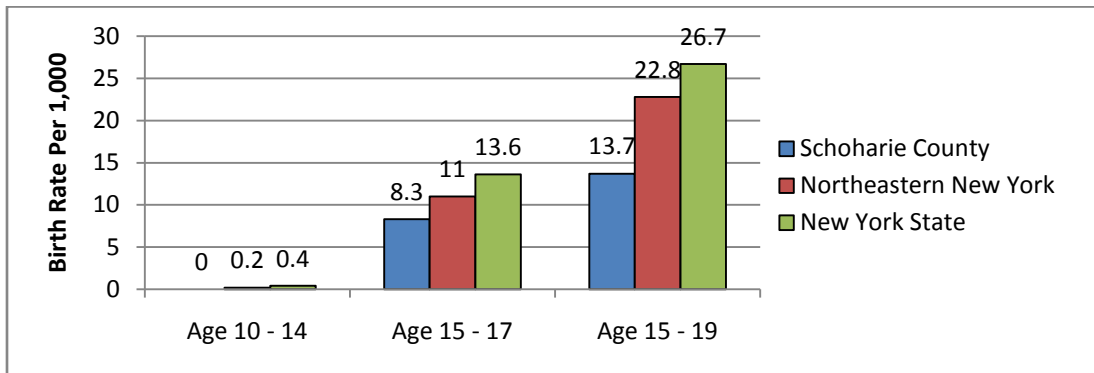
As there are no maternity or birthing centers in Schoharie County, most women utilize hospitals in the surrounding counties of Albany, Schenectady, Montgomery and Otsego. Albany Medical Center, St. Peter's, Bellevue, St. Clare's, St. Mary's, Bassett Cooperstown and A.O. Fox are the hospitals women utilize most for maternity services. If a birth occurs at home or at Cobleskill Regional Hospital, the mother and infant are transported as soon as possible to Mary Imogene Bassett Hospital in Cooperstown. Follow-up care by the Schoharie County Department of Health Nursing Division is provided in the home if a referral is received. The newborn nursing visits are a valuable resource for the new mother. Parenting skills can also be integrated into the home visit.

b) Adolescent Births

The HP2010 target is to decrease the incidence of pregnancy to 43 per 1,000 females aged 15-17. Adolescent pregnancy and birth pose an inherently greater health risk for the mother and infant. Teenage girls who are sexually active and are not using contraceptives have a 90% chance of becoming pregnant within a year. The chart below summarizes the adolescent birth rate, by age group, for Schoharie County, Northeastern New York³, and New York State for 2007. Figure 20 that for all age groups the adolescent birth rate in Schoharie County is lower than that of both the Northeastern New York region and New York State overall.

³ Northeastern New York is defined as the region containing the following counties: Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington.

Figure 20: Adolescent Birth Rate by Age Group, 2007



NYSDOH Community Health Assessment Indicators

Community Maternity Services and Planned Parenthood Hudson Mohawk, Inc. provide support services to pregnant adolescents and adolescent parents including parent education classes and childhood education classes.

In Schoharie County in 2006 there was a marked increase in the rate of adolescent pregnancies in girls age 15 – 17. The rate increased from 14.6 per 1,000 females in 2005 to 28.9 per 1,000 females in 2006. However, it should be noted that due to Schoharie County’s relatively small population, an increase of even one birth can cause a large increase in the pregnancy rate. Within Schoharie County, zip code⁴ 13459 had the highest teenage birth rate (27), followed by 12157 (20.4). Zip code 12149 had the highest teenage pregnancy rate (64.1).

c) Prenatal Care

Early prenatal care is strongly correlated with positive pregnancy outcomes. Lack of prenatal care is correlated with prematurity, low birth weight, need for neonatal intensive care and poor pregnancy outcomes. For Schoharie County, the percentage of births with late or no prenatal care has typically fluctuated between 4 and 5%. In recent years, this percentage has been decreasing. In 2002-2004, 3.7% of all live births and in 2004-2006, 2.4% of all live births received late or no prenatal care. Within Schoharie County, zip code⁴ 12175 had the highest percentage of births receiving late or no prenatal care (6.7%), followed by 12157 and 12160 (5.6%).

The HP2010 target is to increase the proportion of women starting prenatal care in their first trimester to 90%. The percentage of live births with early prenatal care in Schoharie County was 83.1% in 2004-2006, not meeting the HP2010 target or the New York State Department of Health Prevention Agenda objective of 90%. However, Schoharie County does have a higher percentage of births receiving early prenatal care than both the surrounding region (78.7%) and New York State overall (74.9%).

For Schoharie County residents, prenatal care is available at the Women’s Health Center at Cobleskill Regional Hospital, Planned Parenthood Mohawk Hudson Inc. in Cobleskill, and local primary care

⁴ Zip code 13459 represents Sharon Springs, 12175 represents the town of Summit, 12157 represents Schoharie and 12160 represents Sloansville.

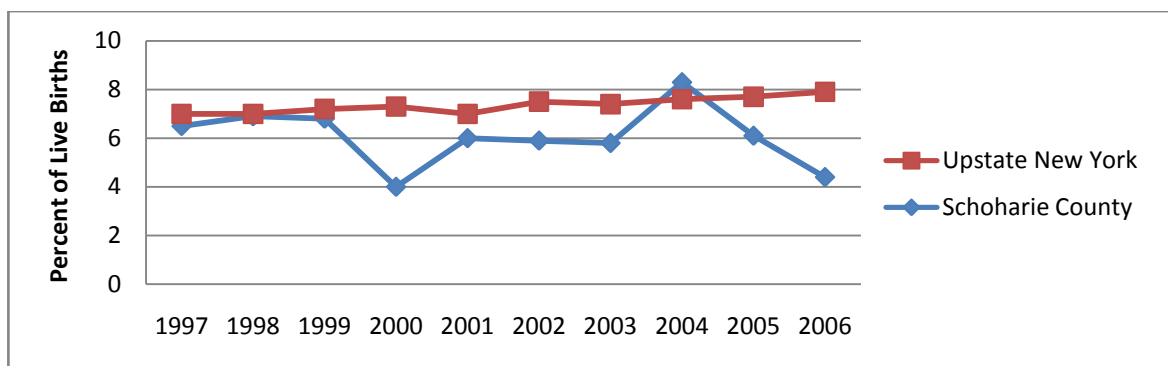
physicians. Community Maternity Services offers a comprehensive array of prenatal services including counseling, transportation, maternal assistance, financial assistance and classes on parenting skills. Prenatal care is also available at healthcare settings in adjacent communities.

Another resource for Schoharie County residents seeking prenatal care is the Prenatal Care Assistance Program (PCAP) program at the Women's Health Center in Cobleskill Regional Hospital and the Cobleskill Office of Planned Parenthood Hudson Mohawk Inc. PCAP is a New York State funded comprehensive program designed to provide early access to quality prenatal care. Women meeting income eligibility requirements receive benefits including the following: medical and hospital care during pregnancy and delivery, counseling regarding pregnancy, delivery, labor, baby care, infant growth and development and parenting skills.

d) Low Birth Weight

The HP2010 target is to reduce the percent of all low birth weights to no more than 5% of live births. Low birth weight (<2500 g) predisposes infants to growth and development problems. In Schoharie County, 6.3% of all live births in 2004-2006 were low birth weight births. This does not meet the HP2010 goal or the New York State Department of Health Prevention Agenda objective of 5%, but is lower than the Capital Region total of 7.5%, and the overall New York State total of 8.3%. The Figure 21 illustrates the percentage of all live births that are low birth weight births in Schoharie County from 1997 – 2006. As displayed in the figure, the percentage of low birth weight births has typically been lower than that of New York State, though in 2004 the percentage for Schoharie County did surpass that of New York State. Figure 21 also shows a marked decrease in the percentage of low birth weight births since 2004. As previously described in the calculation of other rates, much of the fluctuation in low birth weight data may be due to Schoharie County's small population size.

Figure 21: Low Birth weight (<2500g) Births, 1997 - 2006



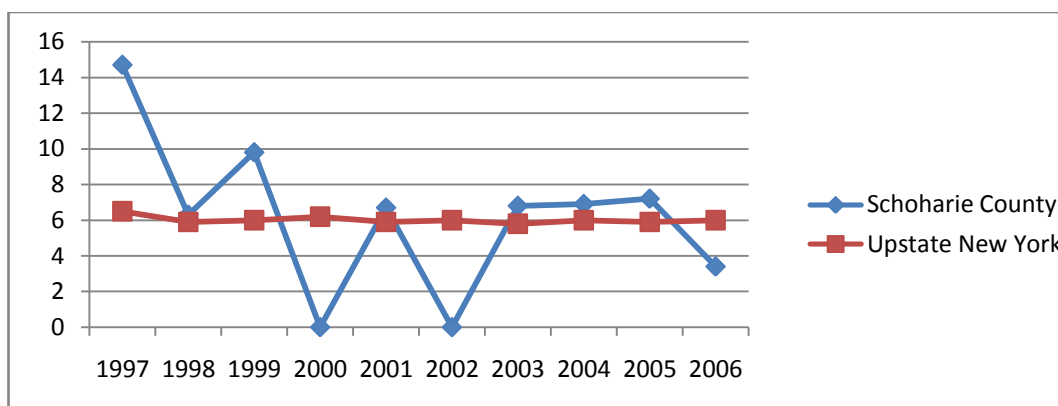
NYSDOH Community Health Assessment Indicators

Within Schoharie County, the zip code 12092 had the highest percentage of low birth weight births with 17.2%, followed by 12187 with (14.3%). The zip code 12160 was the only zip code with no low birth weight births.⁵

e) Infant Mortality

The HP2010 target for infant mortality is to reduce the rate to no more than 7 deaths per 1,000 live births. Infant mortality refers to the number of infant deaths before the age of one year, per 1,000 live births. This is commonly used as an indicator for the health status of a population. Schoharie County data for infant mortality has fluctuated widely over the past 10 years, ranging from 14.7 in 1997, to 9.8 in 1999 and to 0 in 2002. Most recently, the infant mortality rate per 1,000 live births in Schoharie County was 7.2 in 2005 and 3.4 in 2006. With the aforementioned fluctuations in rate, the infant mortality rate in Schoharie County is not consistently above or below that of for New York State. As with the previously described unstable statistics, it is important to note that the wide fluctuations in Schoharie County rates could be due to a comparatively small population. Figure 22 illustrates the infant mortality rate for Schoharie County and Upstate New York for the period of 1997-2006:

Figure 22: Infant Mortality Rate per 1,000 Live Births



NYSDOH Community Health Assessment Indicators

Area hospitals providing special services for neonates are St. Peter's and Albany Medical Center in Albany and the Women's Health Care Center at Ellis Hospital in Schenectady. Beyond neonatal care, however, infant mortality is also affected by prevention services in the pre- and post-natal period.

f) Fetal Death

The HP2010 target for fetal death is a rate of no more than 5 per 1,000 live births. Fetal death is defined as the loss of a fetus between 20 weeks of gestation and birth. Fetal death is associated with pregnancies complicated by maternal factors such as Rh sensitization and diabetes. In 2006, the Schoharie County fetal death rate per 1,000 live birth was 0, and was 3.6 in 2005. However, as with infant death rates, there have been wide fluctuations in the data for Schoharie County ranging from 15.3 in 2000 to in 2002, 2004 and 2006. As with the previously described rates, much of this fluctuation can

⁵ Zip code 12092 represents Howes Cave, 12187 represents Warnerville and 12160 represents Sloansville.

be described by Schoharie County's small population; because the overall county numbers are low, even one death results in a significant rate increase.

g) Abortion

During the period 1993 to 2002, the rate of abortions per 1,000 live births for Schoharie County has declined and currently remains below the Upstate New York rate. For the period of 2004 – 2006, the rate of induced abortions per 1,000 live births was 29.5 for Schoharie County, as compared to 28.2 for the region and 48.4 for New York State overall.

Referral Services

The Schoharie County Department of Health maintains working relationships with multiple maternal and child health providers in Delaware, Otsego and Schoharie counties. Previously, these relationships were maintained through The Perinatal Network, and in 2008 through the Mothers and Babies of the Southern Tier. This program serves as a link to promote appropriate referrals and cooperative services including advocacy, counseling, education and health care for women, infants and families. Referrals from the Community Maternity Services, WIC, or other human service organizations are accepted by the Schoharie County Health Department. Newborn visits by the Health Department nursing staff are also generated via referrals from the birthing hospital or per request of the new parents. The parents are contacted and offered a home visit. All families receive a newborn information packet.

Newborn educational packets are mailed to families in response to birth certificates received by the Schoharie County Department of Health. Phone follow up, which includes education and an offer of a home visit, is made by a Public Health Nurse to all families who were referred. Further referrals to other agencies are made by the Public Health Nurse when assistance is deemed appropriate. Newborn or pregnancy-related home visits averaged 54 annually for the years 1998-2001. Figure 23 shows the number of birth certificates received by the Schoharie County Health Department, the number of newborn packets mailed, the number of hospital referrals received by the health department, as well as the number of referrals who received a follow-up call and a home visit in the years 2006-2008 in Schoharie County:

Figure 23: Schoharie County Department of Health Maternal and Child Care Education Services, 2006-2008

	Birth Certificates Received by SCDOH	Hospital Referrals Received by SCDOH	Newborn Packets Mailed	Calls With Education and Offer of a Home Visit	Home Visits
2006	281	112	281	*	19
2007	315	111	315	111	40
2008⁶	*	*	291	*	29

* Data unavailable

Source: SCDOH Health Education Plan Grid

B. CHILD HEALTH

a) Access to Child Health Services

Children with health insurance are more likely to have a regular and accessible source of health care than children without insurance. The ability to attract a sufficient number and type of health care providers in a rural area can be problematic. Since 2003, however, no municipalities in Schoharie County have been identified as either a Health Personnel Shortage Area (HPSA) or a Medically Underserved Area (MUA) for primary care or dental services. However, Schoharie has been identified as a HPSA for mental health services.

No data source exists to quantify the number of uninsured children in Schoharie County, and HP2010 does not track this objective specifically. There are several programs in place to help ensure that all children have access to health care in New York State. The Child Health Plus program (CHP) is available to uninsured or under-insured families with children. This is a federal initiative providing health insurance to all non-Medicaid eligible children. As of June 2009, there were 827 children in Schoharie County enrolled in Child Health Plus. Figure 24 shows the number of children who had facilitated enrollment through the Schoharie County Community Action Program into both Medicaid and Child Health Plus Plan B for the years 2005-2008:

Figure 24: Schoharie County Community Action Program Medicaid and Child Health Plus Facilitated Enrollment, 2005-2008

2005		2006		2007		2008	
Medicaid	Child Health Plus-B	Medicaid	Child Health Plus- B	Medicaid	Child Health Plus-B	Medicaid	Child Health Plus – B
223	331	225	394	253	331	248	299

Schoharie County Community Action Program

⁶ In 2008, there was a gap in service as the Public Health Nursing Position was vacant for six months.

School Based Clinics

In response to a growing need for convenient, comprehensive health care for school aged children in our region, the School-Based Health Center (SBHC) program at Bassett Healthcare opened three new centers, including one in Middleburgh in Schoharie County, and two others in Cooperstown and Worcester. The SBHC program was established in 1991 at Bassett as part of a regional health initiative providing comprehensive health care services in school settings to students from kindergarten through grade 12. Students without a primary care provider may rely upon the SBHC staff as their primary source of health care. For those students who already have a primary provider, the SBHC will work with the provider in caring for the child. Services are available to any student enrolled in the program, which is operational only during school hours when school is in session. Services offered include: complete physical examinations, diagnosis and treatment of acute and chronic illness, health education, referral services for specialty medical care, oral screening and dental referrals, first aid, immunizations, mental health screening and referrals, mental health counseling and social work services. The program is subsidized in part by a New York State grant. If a student is covered under a health insurance plan, the health insurance company is billed directly and all money collected will be applied toward SBHC expenses. Only the money paid by the insurance company is accepted, and there will never be any out-of-pocket expenses to any family for SBHC services. If a student is without coverage, services are still provided at no cost to the family. It is important to note, however, that the cost of services that are not provided on site at the SBHC, such as some laboratory tests, all x-rays, specialty consultations, and prescriptions are the responsibility of the parent.

Physically Handicapped Children's Program

The Physically Handicapped Children's Program (PHCP), sponsored by the Schoharie County Department of Health, has a limited program available for medical and dental rehabilitation for residents under the age of 21 whose eligibility is defined in Article 25 of the New York State Public Health Law. Eligible children receive orthodontia care and medical care under this program. Since 1997 dental services have maintained a steady rate while medical services have not been utilized. This trend continued into 2008; During 2008, a total number of 31 orthodontia (dental) services were paid for and 14 were authorized, while there were 0 medical services authorized and paid for.

Early Intervention & Preschool Special Needs

The federal Individuals with Disabilities Education Act (IDEA) created entitlement to free public education for infants and children with disabilities and developmental delays. Part C of IDEA is the Early Intervention program, which serves children age 0-3 years. Services provided through the Early Intervention program include physical therapy, occupational therapy, speech pathology and audiology, vision services, psychological services, nursing services, nutrition services, assistive technology and devices, and special education. For the first five years (1993-1997) of the program, enrollment was consistent with about 70 children per year in Schoharie County. For the period 2002-2004, annual enrollment increased to between 95 and 108 children. Additional opportunities for child development in a natural environment setting are provided through the Community Parent/Toddler Play Group. Enrollment data in the Schoharie County Early Intervention Program for the years 2005-2008, and 2009 through the date of July 14, is summarized below in Figure 25:

Figure 25: Schoharie County Early Intervention Program Enrollment, 2005-2009

	2005	2006	2007	2008	2009
Schoharie County Early Intervention Total Annual Enrollment	82	83	93	103	87

SCDOH Early Intervention

Part B of IDEA is the Preschool Special Needs Program, which services children ages 3-5 years old. In 2007, approximately 122 children were enrolled as preschoolers with disabilities; by 2008 enrollment had dropped to about 108 children, and current enrollment was 96 as of July 26, 2009.

Beyond the preschool years, there were roughly 794 Schoharie County school-aged children identified as receiving special education services for the school year 2004-2005. This is a slight decrease compared to the 1995-1996 school year when 864 school-aged children, or 14.02%, were identified as having special education needs. The present percentage is above that for New York State.

b) Injuries in Children

Unintentional injuries are a leading health concern for children. *Several HP2010 objectives have been established for both fatal and non-fatal unintentional injuries of children.*

Figure 26 shows the total number and rate per 100,000 of hospitalizations due to unintentional injury among children aged 0 -19 in both Schoharie County and New York State:

Figure 26: Hospitalization Rate per 100,000 due to Unintentional Injury among Children ages 0 -19

Region	2002		2003		2004		2005		2006	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Schoharie County	23	261.7	28	337.7	18	212.9	24	289.1	27	332.2
New York State	14,783	288.4	14,451	286.4	15,559	305.8	14,841	293.2	14,225	279.8

Kids Wellbeing Indicator Clearinghouse

The leading causes of hospitalization due to injuries for Schoharie County children less than age 19 are shown in Figure 27 for the period of 2002-2006. During this period, 120 children were hospitalized with injuries. The leading cause was falls, though the category with the single highest number of hospitalizations was motor vehicle crashes. In this category, there were 17 injuries among children ages 15-18.

Figure 27: Leading Causes of Hospitalization due to Injuries for Schoharie County Children Under 18

Cause of Injury	Number of Hospitalizations by Age				
	Under 1 year	1 – 4 years	5 -8 years	9 - 14 years	15 – 18 years
Assault	2	1	0	0	1
Falls	1	6	6	5	9
Motor Vehicle Crash	0	1	1	3	17
Other	0	2	3	10	8
Respiratory Interference	0	0	0	0	0
Struck by Object/Person	0	1	1	6	1
Cutting Instrument	0	0	0	0	2
Machine Related	0	0	0	0	1
Overexertion	0	1	0	0	1
Poisoning	0	1	0	0	2
Scald	0	1	1	0	0
Fire/Flame	0	0	0	0	3
Pedestrian	0	0	1	1	2
Bicycle Related Injury	0	0	2	6	0
Self Inflicted	0	0	0	0	8
Submersion	0	0	0	0	1
Unintentional Firearms	0	0	0	0	0

SPARCS data, 2002-2006

According to the Kids Wellbeing Indicator Clearinghouse, in each of the three periods of 2002-04, 2003-05 and 2004-06 there was only one mortality from unintentional injuries among children ages 0 -19. However, because the population of Schoharie County is small, the rates for each of these time periods fluctuated between 8.0 per 100,000 and 11.8 per 100,000.

Abuse in Children

The State Central Register receives reports concerning alleged incidents of abuse and maltreatment in families and certain publicly licensed settings. A report becomes "indicated" when there is some credible evidence that a child has experienced abuse or maltreatment. Figure 28 shows both the number of indicated reports of child abuse and maltreatment in a calendar year and what percent of the total numbers the indicated reports constitute for Schoharie County and New York State for the years 2003-2007:

Figure 28: Indicated Reports of Child Abuse, 2003-2007

Region	2003		2004		2005		2006		2007	
	Number ¹	Percent ²	Number	Percent	Number	Percent	Number	Percent	Number	Percent
New York State	44,400	29.8	43,175	30.4	42,102	30.3	51,552	32.5	50,093	32.4
Schoharie County	130	31	102	28.3	83	19.6	84	22.2	106	25.4

¹Number of Indicated Reports of Child Abuse in Schoharie County

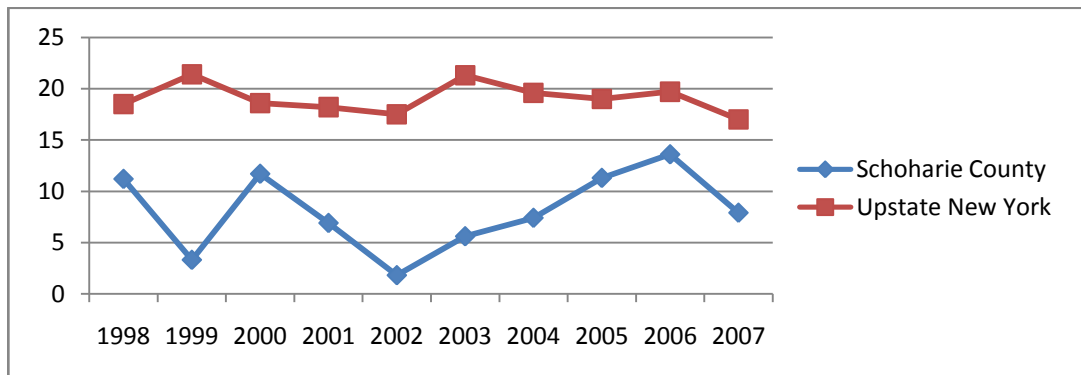
²Percent indicated reports of total number of reports of child abuse

Kids Wellbeing Indicator Clearinghouse

c) Asthma in Children

The HP2010 objective is to reduce hospitalizations for asthma in children under age 5 to 25 per 10,000 children. Asthma is a common chronic disease of childhood affecting nearly 5 million children in the United States. In 2004-2006, the discharge rate due to asthma for children ages 0-4 in Schoharie County was 24.8 per 10,000. This is lower than the Northeastern New York region's rate of 41.6 per 10,000 for the same time period. The discharge rate due to asthma for children age 5-15 in Schoharie County was 5.2 per 10,000 for the years 2004-2006. This is also lower than both the Northeastern New York region's rate of 9.3 and the overall New York State rate of 23.4 per 10,000. Figure 29 compares the Schoharie County rate for asthma hospital discharges in children ages 0-14 to the Upstate New York rate for children of the same age group for the years 1997-2007. The figure shows that despite wide fluctuations in the Schoharie County rate (again, likely due to the relatively small population size) the rate of asthma hospitalization discharges remains consistently lower than that of the Upstate New York Region.

Figure 29: Asthma Hospital Discharge Rate per 10,000, ages 10-14



SPARCS data, 1998-2007

d) Immunizations in Children

The availability and extensive use of immunization has had a tremendous impact on the status of child health. The 2003-2004 School Immunization Survey reveals that 93% of children in Schoharie County

and Upstate New York are fully immunized. Further information concerning the immunization status of children is contained in the Immunization section of this document.

e) Community Child Health Services

Figure 30 shows agencies within Schoharie County with programs relating to Child Health:

Figure 30: Schoharie County Agencies with Programs Relating to Child Health

Agency	Brief Program Descriptions
Association For Retarded Citizens	Integrated educational and vocational programs for mentally retarded or disabled individuals
Board Of Cooperative Educational Services (BOCES)	Occupational education, alternative high school, teen parent program
Boy Scouts of America	Youth development programs, youth service, day camps, recreational activities
Girl Scouts of America	
Catholic Charities of Schoharie County	Therapy services, youthful offender program, domestic violence program, dating violence program, food pantry, Extra Helpings
Community Maternity Services	Adoption and foster care, counseling services, parenting skills
Coordinated Children's Services Initiative (CCSI) /Family Support	A system of care involving all youth-focused agencies and services. Parent Partner support, skill-building, respite, camp sponsorships, mentor project, supervised visitation for youth and families
Cornell Cooperative Extension	Youth development programs, 4-H, nutrition education, health education
Headstart	Preschool program including social services, health education, dental and medical screening, parenting skills
Preschool and licensed day care	Pre-school educational programs, child care and after school programs, specialized developmental services
Primary Health Care Providers and Hospitals	Primary and emergency medical care, developmental and neurological screenings, preventative health care, referral for specialized services
Public schools	Health, safety and wellness education, physical education programs, compensatory educational programs
Schoharie County Community Action Program	Burn prevention, bike helmet, childcare resource, WIC, food/nutrition programs, emergency shelter
Schoharie County Dept of Health	Early Intervention, Preschool special needs program, Physically Handicapped Children's program, Children with special health care needs program, immunizations, health education, Adolescent Tobacco Use Prevention Act program, lead poisoning prevention program, Communicable Disease Prevention Program, Community Parent/Toddler Play Group
Schoharie County Dept. Of Social Services	Child protective services, adoption, foster care, Medicaid, emergency assistance for food and shelter, support collection, Persons In Need of Supervision program
Schoharie County Mental Health	Clinical services including individual and group therapy, case management
Schoharie County Probation Office	Juvenile probation program

Schoharie County Sheriff's Office	DARE program, child fingerprinting & identification program, investigate child abuse
Schoharie County Youth Bureau	Youth employment program, bike safety, coordination and funding of recreational programs
Shriners	Free screening and treatment of children with physical disabilities

C. FAMILY PLANNING

The NYS Department of Health defines family planning services as those that include the planning and spacing of children by medically acceptable methods to achieve a healthy pregnancy or to prevent unintended pregnancy. As noted earlier, Schoharie County has been, in general, seeing a gradual decline in the overall number of pregnancies and births compared to New York State. Despite these declining numbers, family planning remains an important practice. Figure 31 highlights those Schoharie County resources related to family planning:

Figure 31: Schoharie County Family Planning Resources

Agency	Brief Program Description
Planned Parenthood Mohawk Hudson, Inc., Inc.	Adolescent counseling, confidential family planning, educational programs, contraceptive care and rape crisis services
Community Maternity Services	Counseling in client's homes, addressing family life issues, parenting skills and relationship issues
Wellness Center at SUNY Cobleskill	Annual gynecological exams offered as well as contraceptive counseling and services
NYS Family Planning Benefit Program	Family planning counseling, birth control and labs related to family planning
Private Physicians	Offer family planning services to men and women

Schoharie County Department of Health

D. NUTRITION

a) Food Security and Sufficiency: *HP2010 target – 94% of households food secure.*

In Schoharie County there are several programs in place to ensure that adequate nutrition is available to the most vulnerable including WIC, school lunch programs, food stamps, senior meal programs, food pantries and a food buying program. Each of these will be addressed below.

WIC: The Women, Infants and Children (WIC) program is designed to improve nutrition among pregnant and post-partum women and young children. The WIC program provides specific food vouchers to eligible pregnant and nursing women and to infants/children to age five. Eligibility is established by (a) participating in Food Stamps, Medicaid or Temporary Assistance for Needy Families (TANF), or (b)

income at or below 185% of the federal poverty line. Figure 32 shows utilization of WIC in Schoharie County for the years 2007-2009:

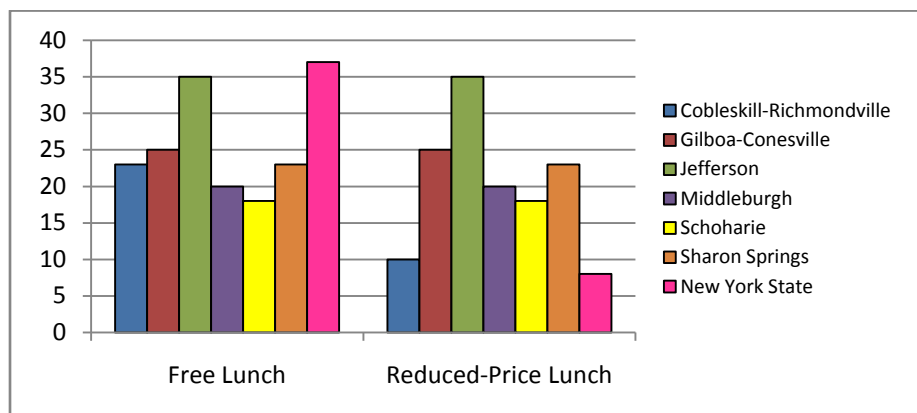
Figure 32: WIC Utilization, 2007-2009

	2007	2008	2009
Participants Enrolled	720	732	727
Participants Served Monthly	680	685	678

Schoharie County Community Action Program

School lunch programs: A second source of nutrition for children in need throughout Schoharie County is the National School Lunch and School Breakfast programs. Children from families with incomes below 130% of the poverty level are eligible for free meals and those with incomes between 130% and 185% of the poverty level are eligible for reduced price meals. Figure 33 reflects the percent of students enrolled in free and reduced price lunch programs during the 2006-07 school year in each of the six Schoharie County school districts and New York State overall:

Figure 33: Percent of Students Enrolled in Free or Reduced-Price Lunch, 2006-07



NYS Department of Education, District Report Cards 2007

Food Stamps: The federal Food Stamp Program, administered in Schoharie County through the Department of Social Services, provides additional food buying power to qualified low-income households and individuals in order to increase their food availability. According to the 2005-2007 American Communities Survey, out of 12,338 total households in Schoharie County, 868 households received food stamps. 11.2% of the households in Schoharie County were classified as below the poverty level in the past 12 months, and of those below the poverty level, 59.2% received food stamps. Further, 82.8% of households with one or more people with a disability received food stamps.

Figure 34 summarizes the number of children under the age of 17 that were receiving food stamps in the year 2005-2007, in both Schoharie County and New York State:

Figure 34: Children under the Age of 17 Receiving Food Stamps, 2005-2007

	2005		2006		2007	
Region	Number	Percent	Number	Percent	Number	Percent
Schoharie County	698	10.5	721	11.1	755	11.8
New York State	747,793	16.4	744,778	16.5	754,462	17.1

Kids Wellbeing Indicator Clearinghouse

Senior Meals: The Schoharie Office for the Aging (OFA) operates a low cost senior meal program including both congregate meal sites and home delivered meals. All persons 60 years of age or older and his/her spouse are eligible. Donations toward the cost of the meal are accepted in a confidential manner. However, no one is denied a meal because of inability to pay.

Food Pantries: As of February 2007, 10 food pantries maintained by civic and religious organizations were operating in Schoharie County to assist individuals and families in need of food. While some pantries are open in accordance with a weekly or monthly schedule, others are available on an appointment only basis. Figure 35 shows food pantry locations by municipality as of February 2007:

Figure 35: Availability of Food Pantries in Schoharie County by Location

Municipality	Agency or Organization
Breakabeen	Keith Nelson Food Pantry
Cobleskill	Catholic Charities Food Pantry
	First Baptist Church Pantry
	Schoharie County Community Action Program
Jefferson	Jefferson United Methodist Church Food Pantry
Middleburgh	Middleburgh Ecumenical Food Pantry
	St. Mark's Lutheran Food Pantry
North Blenheim	North Blenheim United Methodist Church Food Pantry
Schoharie	Schoharie Community Food Pantry
Summit	Good Samaritan Food Pantry

Regional Food Bank of Northeastern New York

Food Buying Program: The Catholic Charities of Schoharie County coordinates Extra Helpings, a food buying program. This is a monthly food buying club, open to all, and currently there are food packages available at varying prices. Members of a buying club pool their resources, time and buying power to save money on high quality, healthful foods.

b) Weight Status

Underweight: Children enrolled in WIC are monitored for their weight status as a sign of the general nutritional status of a population. The following chart compares the percentage of underweight children enrolled in WIC for Schoharie County, the Northeastern New York region and New York State overall for the years 2004-2006. As can be seen in Figure 36, Schoharie County has a lower percentage of WIC children who are underweight than both the Northeastern New York region and New York State overall.

Figure 36: WIC Children (Age 0-4) who are Underweight

	Total	Total Tested	Percent
Schoharie	61	1,978	3.1
Northeastern New York	2,894	78,733	3.7
New York State	65,258	1,366,043	4.8

Kids Wellbeing Indicator Clearinghouse

Overweight/Obese:

Children: *The HP2010 target for childhood overweight/obesity is 5% (baseline is 11% for the nation.)* For children enrolled in WIC, Figure 37 compares the percentages of overweight children aged 2-4 for Schoharie County, the Northeastern New York Region, and New York State overall for the years 2004-2006. The figure illustrates that childhood obesity may be an area of priority for Schoharie County, as the county has a higher percentage of obesity in WIC children than both the Northeastern New York region and New York State overall. The percentage of obesity among WIC children in Schoharie County also well exceeds the HP2010 target and the national baseline for childhood obesity.

Figure 37: WIC Children (Age 2-4) who are Overweight/Obese

	Total	Total Tested	Percent
Schoharie	144	940	15.3
Northeastern New York	5,311	36,332	14.6
New York State	90,705	598,031	15.2

Kids Wellbeing Indicator Clearinghouse

Adults: *The HP2010 target for adult obesity is 15% (baseline is 23% for the nation).* The percent of adults in Schoharie County who are overweight or obese (BMI greater than 25) is 61%, as compared to the New York State rate of 56.7%. The percent of adults in Schoharie County who are obese is 23.1%, compared to 22.9% for New York State. The prevalence of obesity in Schoharie County is significantly higher than the HP2010 target and should potentially be an area of focus.

Obesity Prevention Activities in Schoharie County

Community Heart Program: The Bassett Community Heart Program provides free screenings to business and school faculty & staff with 20 or more employees, and many businesses and schools in Schoharie County have chosen to take part. Services available at the free screenings include: blood pressure, waist/hip measurements and BMI calculations; carbon monoxide level measurement (for smokers only) and cholesterol profile and blood sugar screening. Finally, based on the results of the health screening, participants will be given a heart disease risk score that will compare their chances of getting heart disease in the next 10 years to other people of the same age and sex. Personal counseling is also available to give practical help and educational materials to improve participants' health. Depending on results, it may also be suggested that a participant see a health care provider for follow-up testing.

WIC: The Schoharie County Community Action Program administers the WIC Program at two sites serving over 660 women, infants and children in Schoharie County each month. WIC has implemented a number of obesity prevention initiatives, including breastfeeding support, Fit WIC physical activity training for parents, patient-centered nutrition education, low-fat milk promotion and the new WIC food package which includes vegetables and fruits, whole grains, and non-fat and low-fat milk.

Eat Well Play Hard in Child Care Settings: The Child and Adult Care Food Program (CACFP), a nutrition and meal reimbursement program for day care homes, day care centers and after school programs provides a grant to the Capital District Child Care Coordinating Council, Inc. in Albany, to implement Eat Well Play Hard in Child Care Settings in Schoharie County. Since July 2007, staff, children and parents in five low-income child care centers have been provided with nutrition education, obesity prevention, and physical activity interventions.

Increasing Access to Healthy Foods in the Emergency Food Network: Through the Hunger Prevention and Nutrition Assistance Program and the Just Say Yes to Fruits and Vegetables Nutrition Education Program, emergency food recipients have increased availability of healthy foods like fresh fruits and vegetables and low-fat milk, and an increased knowledge of how to prepare these foods. Schoharie County emergency feeding sites receive services from the Regional Food Bank of Northeastern New York.

Healthy Eating and Activity Team (HEAT): HEAT is a school based program that is part of the community education outreach implemented by Rural Health Education Network Delaware, Otsego, Montgomery and Schoharie (RHENDOMS). This program's objective is to address the school's culture as it pertains to promoting a healthy diet and lifestyle, and aiding in the school in developing and implementing wellness promotion programs.

Exercise and Eating Habits

Exercise: *The HP2010 target is to reduce the proportion of adults over 18 who engage in no physical activity to 20% (baseline is 40% for the nation).* The percent of adults in Schoharie County who had participated in leisure time physical activity in the last 30 days in 2003 was 77.5%. Though this is higher than the New York State average of 74.6%, this still leaves 23.5% of adults who did not participate in physical activity and fails to meet the HP2010 objective.

Eating Habits: *The HP2010 target breaks down nutritional eating into the percentages of people that eat three or more servings of vegetables per day (target 50%) and the percentages of people that eat two or more fruit servings a day (target 75%).* Though information for Schoharie County is not available for fruits and vegetables separately, in 2008 24.9% of adults in Schoharie County reported eating five or more fruits or vegetables per day. This is significantly lower than the percentages set by the HP2010 goals, and so increasing healthy eating habits in Schoharie County should be an area of focus.

E. ANEMIA

The HP2010 target for anemia in children aged 1-4 years is 5% for ages 1-2 and 1% for children ages 3-4. Anemia is the presence of low hemoglobin found in the blood of an individual. Young children are tracked for anemia as a sign of nutritional status. There are many causes of anemia, the most common being iron-deficiency anemia. Although data sources do not necessarily differentiate the presence of anemia into specific causes, it is still worthwhile to track anemia in children as a health indicator. The following table summarizes 2004-2006 data from the New York State Division of Nutrition; The table shows the percent of WIC children (ages 6 months to 4 years) who are anemic out of the total number of children tested. As can be seen in Figure 38, though Schoharie County has a lower percent of WIC children who were anemic than the Northeastern New York region, both the region and the county had a higher percentage than New York State overall.

Figure 38: Percent of WIC Children who are Anemic

	Number of Children Tested	Number of Children Anemic	Percent Anemic of all Tested Children
Schoharie County	1,443	188	13%
Northeastern New York	8,556	60,512	14.1%
New York State	115,272	1,001	11.5%

New York State Department of Health

F. SUBSTANCE USE

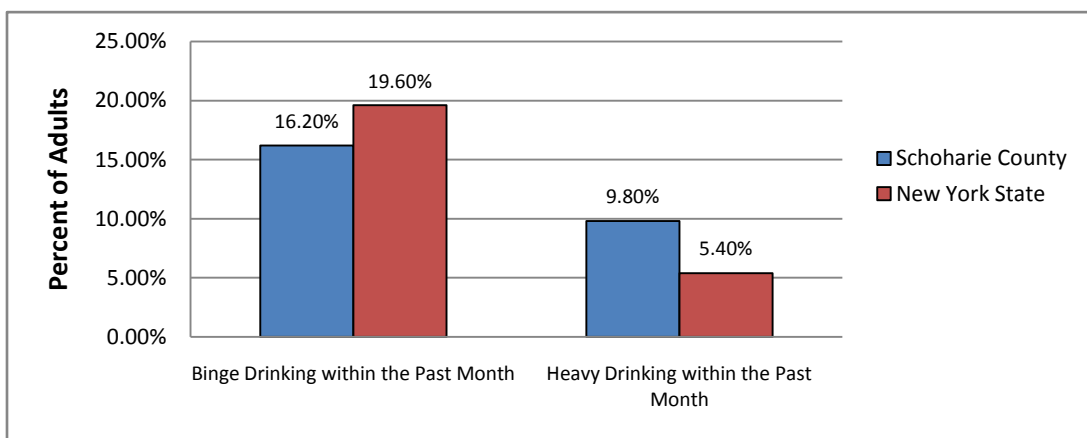
a) Alcohol

Excessive alcohol consumption, in the form of both heavy, regular drinking and binge drinking, is associated with numerous health problems. Among these include chronic diseases such as liver cirrhosis, pancreatitis, various cancers, high blood pressure and psychological disorders. Heavy drinking also increases the risk of unintentional injuries and violence, and alcohol use is especially harmful to a developing fetus if consumed by a pregnant women.

According to the Expanded BRFSS 2008 Interim Report, 16.2% of Schoharie County adults surveyed reported binge drinking in the past month. Binge drinking is defined for men as having 5 or more drinks on one occasion and for women as having 4 or more drinks on one occasions, one or more times per

month. This percentage is lower than that of New York State overall where 19.6% of surveyed adults reported binge drinking in the past month. However, the percentage of adults in Schoharie County who reported heavy drinking in the past month is higher than that of New York State overall. Heavy drinking is defined for adult men as averaging more than two alcoholic drinks per day and for adult women averaging more than one alcoholic drink per day. In Schoharie County, 9.8% of surveyed adults reported heavy drinking within the past month, and in New York State overall 5.4% of surveyed adults reported heavy drinking within the past month. The BRFSS 2008 Interim Report data on alcohol assumption for Schoharie County and New York State is summarized in Figure 39:

Figure 39: Adult Alcohol Consumption, 2008



Driving while intoxicated greatly increases the risk of a motor vehicle accident. Figure 40 summarizes the number of alcohol related motor vehicle deaths and injuries in Schoharie County, the Northeastern New York region and New York State overall. As can be seen, the rate of alcohol related motor vehicle accidents and injuries is higher in Schoharie County than in the surrounding region, and is nearly double that of New York State overall. Alcohol related motor vehicle accidents are discussed in further detail in the injuries section of this document.

Figure 40: Number of Alcohol Related Motor Vehicle Accidents, 2004-2006

Region	2004	2005	2006	Rate per 100,000
Schoharie County	29	20	31	82.6
Northeastern New York	1,093	1,079	1,032	72.0
New York State	8,406	8,106	7,690	41.9

NYSDOH Community Health Assessment Indicators

b) Tobacco

Smoking tobacco is highly correlated with an increase risk for many diseases. Lung cancer is the disease most commonly associated with tobacco use; The risk of dying from lung cancer is more than 22 times

higher among men who smoke cigarettes and about 12 times higher among women who smoke cigarettes compared with people who have never smoked. Smoking cigarettes is also associated with increased risk of cancers of the lip, oral cavity, pharynx, esophagus, pancreas, larynx, lung, uterine cervix, urinary bladder and kidney. Cigarette smokers are also 2 to 4 times more likely to develop coronary artery disease, have double the risk of stroke, and are 10 times more likely to develop peripheral vascular disease.

Tobacco use is an area of concern for Schoharie County. According to the Expanded BRFSS 2008 Interim Report, 23% of surveyed adults reported being current smokers in Schoharie County, as compared to 16.5% for New York State overall. Further, 15.3% of Schoharie County adults reported smoking cigarettes every day, as compared to 11.5% of adults for New York State overall. The New York State Prevention Agenda Objective for cigarette smoking is to reduce the percent of adults who currently smoke to 12%; Schoharie County has not yet met this objective.

c) Other Illicit Drugs

The only data readily available for Schoharie County related to use of illicit drugs is the number of drug related hospitalizations. According to the NYSDOH, for the years 2004-2006 the rate per 10,000 of drug related hospitalizations in Schoharie County was 12.1. This is well below the New York State rate of 34.0 per 10,000, and also meets the New York State Prevention Agenda 2013 Objective of 26.0 per 10,000.

An additional method of measuring drug usage is to look at how many drug arrests are made each year and what percent of the total annual arrests these drug arrests represent. Figure 41 summarizes felony and misdemeanor drug arrests in Schoharie County for the years 2005 -2008. The total number of drug arrests has been decreasing since 2005:

Figure 41: Summary of Drug Arrests in Schoharie County, 2005-2008

	Misdemeanor		Felony		Total	
	Number of Arrests	Percent of Misdemeanor Arrests	Number of Arrests	Percent of Felony Arrests	Total Number of Drug Arrests	Percent of All Arrests
2005	33	6.2%	25	15.6%	58	8.4%
2006	12	2.6%	22	18%	34	5.9%
2007	19	4.1%	11	7.5%	30	4.9%
2008	18	3.2%	9	6%	27	3.8%

New York State Division of Criminal Justice

G. INJURY PREVENTION

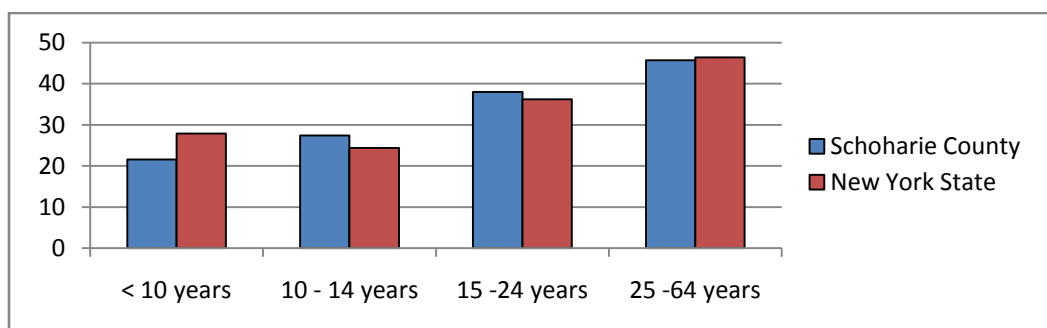
a) Unintentional Injuries

Mortality: The HP2010 target for deaths due to unintentional injuries is 17.5 per 100,000 population (baseline 35/100,000). For the years 2004-2006, the age-adjusted mortality rate due to unintentional injuries per 100,000 for all ages is 36.3 for Schoharie County which is significantly higher than that of New York State overall, 20.9. In children aged 0-19, the Kids Wellbeing Indicator Clearinghouse reports only one death in each of the three year time periods of 2002-2004, 2003-2005 and 2004-2006.

Morbidity: Compared to mortality, there are far greater numbers of hospitalizations related to unintentional injuries. For the years 2004-2006, the age-adjusted unintentional injury hospitalization rate per 100,000 in Schoharie County was 650.9 and 640.7 for New York State overall.

Figure 42 shows the rate of hospitalizations for unintentional injuries in Schoharie County and New York State for the years 2004-2006, broken down by age group:

Figure 42: Unintentional Injury Hospitalization rate per 10,000



SPARCS data, 2004-2006

In terms of injury morbidity within the county, it is also important to note that many injuries that do not result in hospitalization may occur. People who are injured may choose to either see their own physician, rather than go to the hospital, or to forego medical attention entirely, and there is no data available on these injury cases.

b) Motor Vehicle Crashes

Mortality: Mortality rates from motor vehicle crashes continue to be high throughout New York State. The HP2010 target for motor vehicle mortality is 9.2 per 100,000 population. Statewide Planning and Research Cooperative System (SPARCS) data indicates that from 2004-06, there were 70 hospitalizations due to motor vehicle accidents in Schoharie County. From 2004-2006, the Schoharie County mortality rate from motor vehicle crashes was 16.5 per 100,000. Though this is significantly higher than the overall New York State (excluding New York City) rate of 10.1 per 100,000, this is a decrease from the years 2001-2003 when Schoharie County had a motor vehicle mortality rate of 20.2.

According to the Kids Wellbeing Indicator Clearinghouse, there was one motor vehicle crash mortality among people aged 15-24 in each of the following three time periods: 2002-2004, 2003-2005 and 2004-2006. As described in previous sections, though the number of motor vehicle mortalities remained constant, the rate fluctuated between 18.8 and 23.6 due to the small population of Schoharie County.

Finally, according to New York State Department of Motor Vehicles data, there were 5 fatalities from motor vehicle accidents in Schoharie County in 2005, 5 fatalities again in 2006, and 2 fatalities from motor vehicle accidents in 2007. The fatality & injury and crash rates from motor vehicle crashes for Schoharie County for the years 2005-2007 are show in Figure 43:

Figure 43: Fatality & Injury and Crash rates from Motor Vehicle Crashes, 2005-2007

	2005	2006	2007
Crash Rates			
Crash Rate per 10,000 Population	131.05	170.83	223.31
Crash Rate per 10,000 Licensed Drivers	176.78	224.29	287.99
Fatality & Injury Rates			
Fatality & Injury Rate per 10,000 Population	104.10	81.69	90.14
Fatality & Injury Rate per 10,000 Licensed Drivers	140.42	107.25	116.24

New York State Department of Motor Vehicles

There are many factors that can contribute to a motor vehicle accident, and the data in Figure 44 shows the number of accidents attributed to each main cause in Schoharie County for the years 2005-2007:

Figure 44: Motor Vehicle Accidents Contributing Factors, 2005-2007

	2005		2006		2007	
	Number	Percent	Number	Percent	Number	Percent
Total Accidents	279		456		670	
Unsafe Speed	75	26.9	110	24.1	174	27.2
Driver Inattention/Distraction	36	12.9	49	10.7	67	10.5
Following Too Closely	35	12.5	45	9.9	61	9.5
Failure to Yield	28	10	46	10.1	56	8.8
Failure to Keep Right	20	7.2	31	6.8	24	3.8
Alcohol Involvement	16	5.7	29	6.4	33	5.2
Passing/Lane Violations	12	4.3	22	4.8	31	4.8
Driver Inexperience	11	3.9	13	2.9	16	2.5
Traffic Control Disregarded	7	2.5	5	1.1	8	1.3
Turning Improperly	7	2.5	13	2.9	18	2.8
Backing Unsafely	1	0.4	21	4.6	11	1.7

New York State Department of Motor Vehicles

Alcohol related: According to the New York State Department of Motor Vehicles, the top four contributing factors for motor vehicle crashes are unsafe speed, driver inattention, failure to yield and alcohol. For 2004-2006, the rate of alcohol related motor vehicle injuries and deaths due to alcohol in Schoharie County was 82.6, significantly higher than the overall New York State rate of 41.9 per 100,000. Figure 45 shows New York State Department of Motor Vehicles data surrounding alcohol-related accidents:

Figure 45: Alcohol-Related Motor Vehicle Accidents, Schoharie County

	2005	2006	2007
Total Accidents	17	29	33
Fatal Accidents	3	2	0
Non-Fatal Personal Injury Accidents	12	20	15
Persons Killed	3	2	0
Persons Injured	17	29	16

New York State Department of Motor Vehicles

According to data from the Schoharie County Department of Motor Vehicles, in each of the years from 2005-2007 between 3 and 4% of all tickets issued in Schoharie County were due to impaired driving. Figure 46 summarizes the number of people issued tickets, and the number of people arrested, for impaired driving in Schoharie County between the years 2005 and 2007:

Figure 46: Impaired Driving Tickets and Arrests, 2005-2007

	2005	2006	2007
Impaired Driving Tickets	383	347	334
Persons Arrested for Impaired Driving	210	195	197

Safety Restraints: Use of passenger restraints can greatly limit the level of injuries sustained in a vehicular crash. *The HP2010 target for the use of passenger restraints in adults is 92%. For children this target is 100%.* In 2007 in Schoharie County, there was a total of 10,299 tickets issued for traffic violations; Among the total tickets issued, 1,109 (10.8%) were for failure to use safety restraints. Of these, 88.7% were previously convicted on the same charge. Further, in 2007 restraint use was reported in 88.8% of all motor vehicle accidents, up from 86.7% the previous year.

An alternative method to monitoring the use of safety restraints in Schoharie County is the number of related tickets given out annually. Figure 47 summarizes New York State Department of Motor Vehicles data for Schoharie County on the number of tickets given out for failure to use safety restraints in the years 2005-2007. The high percentage of tickets issued to persons who had previously been convicted of the same charge suggests that traffic tickets for failure to use a safety restraint may not be effectively changing behavior and an alternative intervention may be needed to effectively address safety restraint use in Schoharie County:

Figure 47: Safety Restraint Tickets, 2005-2007

Year	Number of Safety Restraint Tickets Issued	Percent of Total Tickets Issued Annually	Percent Previously Convicted on Same Charge
2005	1,033	11.3%	83.4%
2006	870	9.8%	89.6%
2007	1,109	10.8%	88.7%

c) Self-Inflicted Injuries & Assaults

Suicide: According to the Kids Wellbeing Indicator Clearinghouse, there were no deaths from suicide in Schoharie County among youths ages 10-19 between the years 2001-2006. SPARCS data indicates that

during 2004-2006, there were 43 hospitalizations and 10 deaths from self-inflicted injuries in Schoharie County among people of all ages.

Assault: SPARCS data for the years 2004-06 indicate there were 11 hospitalizations and two deaths due to assault in Schoharie County during this time period among people of all ages.

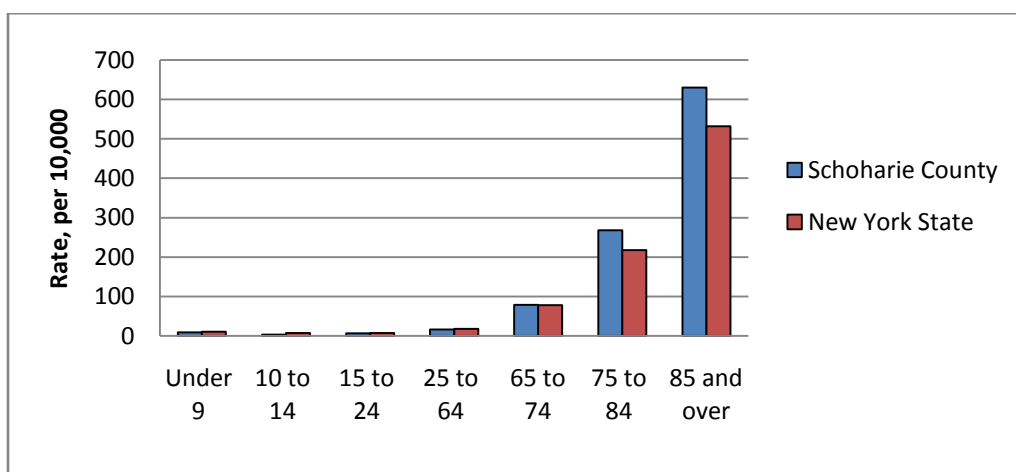
d) Traumatic Brain Injury

According to the New York State Department of Health (NYSDOH), the crude hospitalization rate due to traumatic brain injury (TBI) in Schoharie County was 6.8 per 10,000 for the years 2004-2006. This rate is based on 66 incidences during the two year time period. This is lower than the hospitalization rate due to traumatic brain injury for New York State overall, which is 8.9 per 10,000.

e) Falls

According to the NYSDOH, the crude hospitalization rate due to falls in Schoharie County is 44.7 per 10,000. This is significantly higher than the New York State overall rate of 38.0 per 10,000. Figure 48 summarizes the falls hospitalization rate by age group in both Schoharie County and New York State for the years 2004-2006. As can be seen in Figure 48, there is a small increase in rate of falls for children under 9, and then the rate of hospitalizations due to falls increases dramatically over age 65:

Figure 48: Falls Hospitalization Rate per 10,000, 2004-2006



NYSDOH Community Health Assessment Indicators

H) DENTAL HEALTH

Despite significant improvements in dental health, the prevalence of oral disease remains very high in the United States. Disparities exist in the receipt of preventive and restorative care primarily based on economic status. According to the NYSDOH, 81.5% of Schoharie County third graders had dental insurance from 2002-2004. When examined by socioeconomic status, it can be seen that less children (76.7%) of low socioeconomic status have dental insurance compared to their counterparts of higher socioeconomic status (83.9%). County level data exists for oral health indicators in children, but less specific data exists for adults.

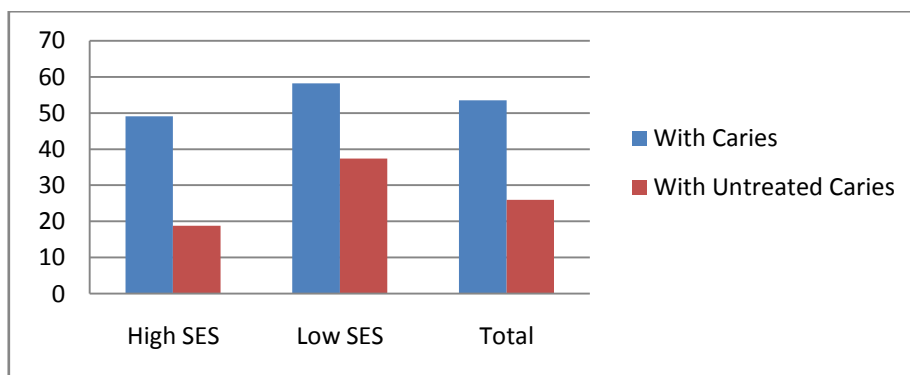
a) Dental Visit in Past Year

The HP2010 target for adults and children receiving a dental exam in the last year is 56%. According to the 2008 BRFSS Interim Report, 65.5 % of Schoharie County adults surveyed had seen a dental professional in the previous 12 months. This proportion is lower than the New York State average of 70.5%. For children in the third grade between 2002 and 2004, the overall percentage having a dental exam in the previous year is 74.9%. It is noteworthy to point out, however, that there exists a difference in this percentage based on socioeconomic status. 62.8% of children in the low socioeconomic bracket saw a dentist in the last year compared to 80.8% of children in the high socioeconomic bracket.

b) Preventive Care

Dental Caries: *The HP2010 target for the presence of **dental caries** in children is 42% (baseline 52%). The presence of dental caries, or tooth decay, represents the absence of primary prevention. The HP2010 target for the presence of **untreated dental caries** in children is 21% (baseline 29%). The presence of untreated dental caries represents that treatment for tooth decay was delayed and led to cavity formation. Figure 49 shows the percent of third grade children in Schoharie County with either the presence of dental caries or untreated dental caries from 2002-2004. The chart highlights the difference between high and low socioeconomic levels:*

Figure 49: Percent of Third Graders in Schoharie County with Caries, by Socioeconomic Status (SES) level, 2002-2004



Kids Wellbeing Indicator Clearinghouse

Sealants: *The HP2010 target for the presence of sealants on the molar teeth of 8 year old children is 50% (baseline 23%). For Schoharie County, the percent of 3rd grade children meeting this target for 2002-2004 was 27.2%. Again, however, a disparity exists with regards to socioeconomic status: High, 30.4% and Low, 23.4%.*

Permanent Tooth Extraction: *The HP2010 target for adults who have never had a permanent tooth extraction because of dental caries or periodontal disease is 42% (baseline 31%). According to the 2008 Expanded BRFSS Interim Report, 48.8% of Schoharie County adults surveyed had ever had their permanent teeth removed for these reasons. Permanent tooth extraction for these reasons was noted to be more common in adults over 55, males and those with less than a high school education.*

Fluoridation: *The HP2010 target for the percentage of residents receiving a fluoridated water source is 75% (baseline 62%). The majority of households within Schoharie County utilize individual water sources. Only 22.9% of the entire County population receives fluoridated water. Municipal fluoridation is limited to the villages of Cobleskill (fluoridation was stopped in 2007 and will be restarted in 2010), Middleburgh, and Richmondville. Of these areas, only 69.1% receive fluoridated water. Fluoride rinse*

programs are offered to the elementary students in the Sharon Springs, Gilboa-Conesville, Jefferson, Schoharie and Middleburgh school districts.

c) Dental Education and Services

School Programs: The Rural Health Education Network for Delaware, Otsego, Montgomery and Schoharie counties (RHENDOMS) serves the other five districts. This is a grant-funded program that provides dental health education to children. From 2003-2004, 1500 Schoharie County children in grades K-3 received dental education via this program. (RHENDOMS also serves as a dental health resource for the Head Start program of Schoharie County).

Services: Within Schoharie County there are 14 dentists and nine dental practices, with a limited number accepting new patients with Medicaid.

Starting in the summer of 2006, American Mobile Dental has been traveling throughout Schoharie County providing dental care to residents with Medicaid, minimal or no insurance. The mobile unit is routinely stationed in the village of Cobleskill on weekly basis. The Schoharie County Community Action Program (SCCAP) generates referrals to them frequently

I) LEAD POISONING

Elevated levels of lead in the blood can lead to serious health problems in both adults and children, though adverse effects are more serious in children. According to the CDC, all children ages six months to six years should be assessed for lead exposure using a risk assessment questionnaire and those found to be at risk should be tested for blood lead level. Furthermore, the New York State Lead Poisoning Prevention Act of 1992 requires universal screening of all children at ages one and two years and/or at least once before entering daycare, preschool or school.

The HP2010 target for children aged 1-6 with lead levels greater than 10 ug/dl is 0% (baseline 4.4%). Figure 50 shows the number and percent of screened children ages birth- 6 years who were found to have elevated blood lead levels. It is important to note, however, that these rates may not be stable because the number of incidences is very small.

Figure 50: Children Screened for Blood Lead Levels Found to Have Elevated Levels, 2001-2003

	2001		2002		2003	
	Number	Percent	Number	Percent	Number	Percent
Schoharie County	7	2.5%	11	3.1%	3	0.9%

Kids Wellbeing Indicator Clearinghouse

Physicians, physician assistants or nurse practitioners may also screen children during primary care visits. Figure 51 summarizes screening reports received from Lead Web for the years 2006, 2007 and 2008:

Figure 51: Reported Lead Screenings, Lead Web, 2006-2008

	Total Number of Screening Reports	Reports under 10 ug/dl	Reports 10-14 ug/dl	Reports 15-19 ug/dl	Reports ≥ 20 ug/dl
2006	301	296	0	0	0
2007	175	172	2	1	0
2008	362	353	7	1	0

Lead Web

SECTION 2: DISEASE CONTROL

I. IMMUNIZATION

A. Vaccine Preventable Disease

Between 2005 and 2007, there were no reported cases of measles, mumps, rubella, diphtheria or tetanus in Schoharie County. There were, however, 38 reported cases of pertussis, and there were a total 41 laboratory-confirmed cases of Influenza.

B. Children and Adolescents

a. Percent Immunized: *The HP2010 target is to achieve and maintain effective vaccination coverage levels for universally recommended vaccines at 90% [baseline from 43% (varicella) to 93% (Hib)].*

b. Services Available: Childhood Immunization Clinics throughout Schoharie County exist through the Health Department. Since 2000, however, more families are utilizing their primary care providers for their child's immunizations since providers participate in the Vaccines for Children (VFC) program and can obtain vaccines for children without health insurance coverage. The advent of the Child Health Plus and Family Health Plus insurance programs has also increased immunizations by primary care providers. Nonetheless, immunization clinics through the Schoharie County Health Department continue, and Figure 52 summarizes the immunization clinic data for the years 2005-2007:

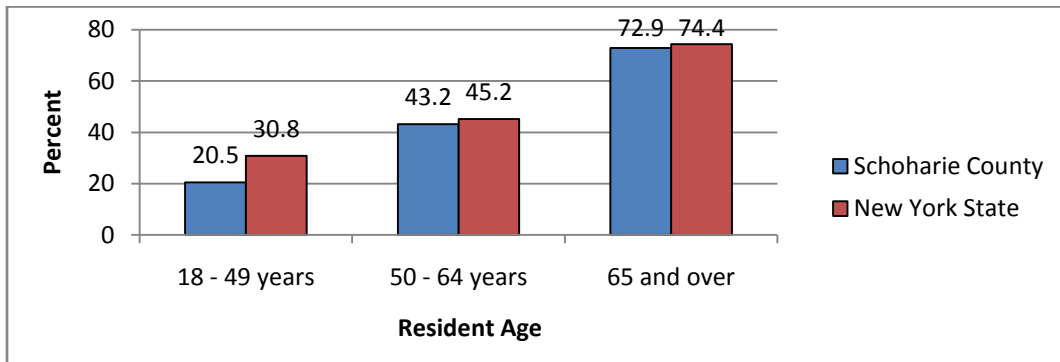
Figure 52: Schoharie County Department of Health, 2007 Immunization Report

Location	Number of Clinics			Number of Immunizations		
	2005	2006	2007	2005	2006	2007
Schools						
Cobleskill/Richmondville	1	1	1	13	16	12
Gilboa-Conesville	4	2	1	67	26	7
Jefferson	1	1	1	43	5	9
Middleburgh	0	0	0	0	0	0
Schoharie	1	0	0	2	0	0
Sharon Springs	1	1	1	10	9	15
Schoharie County Health Department						
Bleinheim	2	8	0	8	2	0
SCCAP	10	8	9	36	35	34
Health Department	6	0	0	6	0	0
SCHD Evening Clinics	17	15	12	128	99	81
Schoharie County Health Department at WIC Sites						
Middleburgh	3	1	1	7	6	2
Sharon Springs	0	0	0	0	0	0
TOTALS	40	37	26	320	198	160

C. Adults and At-Risk Individuals

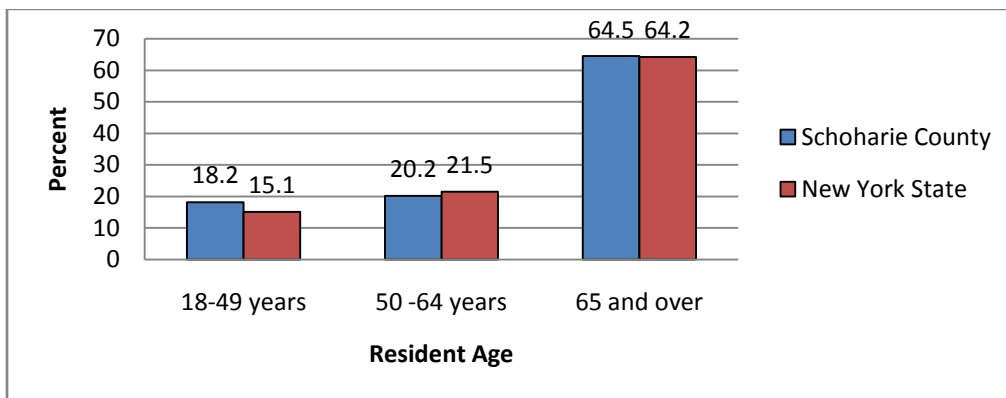
a. Influenza: *The HP2010 target is to increase the proportion of non-institutionalized adults aged 65 years and older vaccinated annually against influenza to 93% (baseline 63%).* According to the 2008 BRFSS Interim Report, an estimated 9,276 Schoharie County residents received an influenza vaccine within the past 12 months. This equates to 36.8% of the population. Figure 53 shows the percent of Schoharie County residents, as compared to New York State overall, in given age groups to report receiving an influenza vaccine in the past 12 months:

Figure 53: Percent of Residents Receiving an Influenza Vaccine in Past 12 Months



b. Pneumococcal Vaccine: The HP2010 objective is to increase the proportion of non-institutionalized adults aged 65 years and older who have ever been vaccinated against pneumococcal disease to 90% in 2010 (baseline 43%). The New York State rate for 2004-06 was 61.7%. According to the 2008 BRFSS Interim Survey, an estimated 6,210 Schoharie residents, or 28.8%, had received a pneumococcal vaccine in the past 12 months, though this number increases greatly in the older age groups. Figure 54 shows the estimated number and percent of Schoharie County residents to receive a pneumococcal vaccine in the past 12 months, as compared to New York State overall:

Figure 54: Percent of Residents Receiving a Pneumococcal Vaccine (PPSV) in Past 12 Months, by Age



There are two pneumococcal vaccines given for the prevention of disease. The Pneumococcal Conjugate Vaccine (PCV) is routinely given to children under the age of 2 as a series of four doses. The Pneumococcal Polysaccharide Vaccine (PPSV) is given to individuals who meet any of the following conditions:

- All adults 65 years of age or older
- Anyone 2 through 64 years of age who has a long term health problem
- Anyone 2 through 64 years of age who has a disease or condition that lowers the body's resistance to infections
- Anyone 2 through 64 years of age who is taking a drug or treatment that lowers the body's resistance to infections

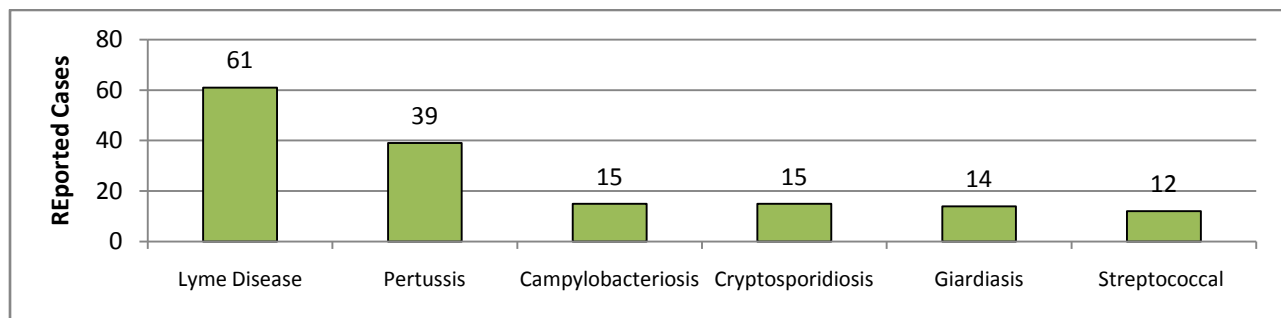
- Any adult 19 through 64 years of age who is a smoker or who has asthma

II. COMMUNICABLE DISEASES

A. Most Common Reportable Communicable Diseases

Between 2005 and 2007, the most common reportable diseases, excluding sexually transmitted diseases, were Campylobacteriosis, Cryptosporidiosis, Giardiasis, Lyme Disease, Pertussis and Streptococcal Group B⁷. Figure 55 shows the total number of cases of each of these diseases from 2005 to 2007:

Figure 55: Most Common Reportable Diseases, 2005-2008



Other infectious diseases in Schoharie County from 2005 to 2008 are, Hepatitis A (one case), Hepatitis B (one case), Viral Meningitis (eight cases), Salmonellosis (11 cases), Ehrlichiosis (two cases) and Invasive Streptococcal Group A (four cases).

As previously mentioned, it is important to note that Figure 55 does not include sexually transmitted. In 2008, Chlamydia was the second most common communicable disease in Schoharie County with 29 reported cases.

B. SEXUALLY TRANSMITTED DISEASES

a) Chlamydia: *The HP2010 objective is to decrease the proportion of adolescents and young adults with Chlamydia to 3% (baseline 12-15%).* There were 46 reported cases of Chlamydia in 2007 in Schoharie County, and between 2003 and 2005, 99 cases of Chlamydia were reported. For Chlamydia, it is useful to report rates separately for males and females because rates tend to be much greater in females. It is useful to note, however, that this difference between the sexes may be because of an increase in reporting among females because Chlamydia is likely to be diagnosed during routine annual gynecologic exams. Figure 56 shows the rates per 100,000 of Chlamydia for the years 2004-2006 for both genders among all ages, among people age 15 – 19 and among people age 20-24. The table also compares the rates in Schoharie County to that of New York State overall.

⁷ Streptococcal Group B is a type of bacteria that causes illness in newborn babies, pregnant women, the elderly, and adults with other illnesses, such as diabetes or liver disease. Group B is the most common form of life-threatening infections in newborns.

Figure 56: Schoharie County Chlamydia Rates per 100,000 by Gender, 2004-2006

	Male			Female		
	All ages	15-19	20-24	All ages	15-19	20-24
Schoharie County	18.7	65.4	101.5	180.4	936.7	1341.6
New York State	189.3	576.2	925	466.0	2601.6	2525.4

b) Gonorrhea: *The HP2010 objective is to decrease the rate of new cases of gonorrhea to 19/100,000 (baseline 123/100,000).* Between 2003 and 2005, 9 cases of gonorrhea were reported. In 2007, 2 cases of gonorrhea were reported with a rate of 6.2/100,000. For the years 2004-2006, the rate per 100,000 for gonorrhea in Schoharie County was 7.2. This is considerably lower than the rate for New York State overall, 93.4/100,000.

c) Pelvic Inflammatory Disease: For the years 2004-2006, there were five reported cases of pelvic inflammatory disease in Schoharie County. This represents a rate of 2.6/100,000, though the rate may be unstable because it is based on fewer than 20 cases. This is lower than the overall New York State rate of 5.8/100,000 for the same time period.

d) Syphilis: There were no reported cases of syphilis (any variation) in Schoharie County between 2000 and 2007. The early syphilis rate per 100,000 for New York State overall for the years 2004-2006 was 8.6.

e) STD Services: There is one free public STD clinic in Schoharie County at the Planned Parenthood Hudson Mohawk in Cobleskill. Local physicians and Cobleskill Regional Hospital also provide STD services for Schoharie County residents. The Wellness Center at SUNY Cobleskill serves the college population and screens and treats for a variety of sexually transmitted diseases.

Figure 57 summarizes the services provided by Planned Parenthood in Schoharie County, including the number of individuals who received services and the number of individuals who received education annually, for the years 2006-2008.

Figure 57: Schoharie County STD Education and Services, 2006-2008

	2006	2007	2008
Number of Clients Receiving Services	2180	1956	1839
Number of Participants Receiving Education	2133	1956	1839
Number of Education Programs Offered	120	92	38
Number of Childbirth Education Classes Offered	54	12	5

C. Rabies

Rabies has been endemic in Schoharie County since the introduction of raccoon rabies in the wildlife population in 1992. Annually, eight animal rabies vaccination clinics are held throughout the county: One in January, four in May and three in September. Figure 58 shows the number of animals vaccinated by the Schoharie County Department in the years 2006-2008:

Figure 58: Number of Animals Vaccinated for Rabies, 2006-2008

Year	Dogs	Cats	Ferrets	Total
2006	617	346	7	970
2007	551	340	6	897
2008	584	291	2	877

SCHDOH Rabies Program

Animals in Schoharie County are only submitted to the lab for rabies testing if there is a known exposure to a human or domestic animal. Following these guidelines, the Figure 59 the number of animals submitted to the rabies lab and the number of animals found positive for rabies in Schoharie County for the years 2006-2008:

Figure 59: Schoharie County Health Department Rabies Program Statistics, 2006-2008

Year	Specimens Submitted for Rabies Analysis	Specimens Reported Positive for Rabies					% Positive for Rabies	Individuals Receiving Post-Exposure Treatment
		Cattle	Skunk	Bat	Raccoons	Total		
2006	51	2	2	3	5	12	23.5%	24
2007	28	0	3	3	1	7	25%	8
2008	23	0	1	2	2	5	21.7%	17

Schoharie County Department of Health Rabies Program

D. West Nile Virus

Since the identification of the West Nile Virus (WNV) in New York City in 1999, Upstate New York counties have utilized several strategies to assess and address the potential threat. These strategies include increasing surveillance of human illness, tracking dead or sick birds, mosquito surveillance, mosquito control and public health education. Schoharie County's WNV program has centered its focus on public health education to reduce mosquito-breeding sites. Local providers are requested to notify the Health Department if patients with WNV symptoms appear. Additionally, the public was instructed to report sightings of ill or dead birds. Reports of dead birds are electronically reported to the NYS Health Department and certain species, especially crows, are sent to the NYS DEC Pathological Lab for analysis. From 2003-2005 there were no reported human cases of WNV in Schoharie County. Likewise,

from 2005-2009 there were no reported human cases of West Nile Virus and only one dead bird, Coopers hawk, tested positive for WNV. There were also no mosquito pools, mammals, live birds or humans who tested positive for WNV from 2005-2009.

E. TUBERCULOSIS

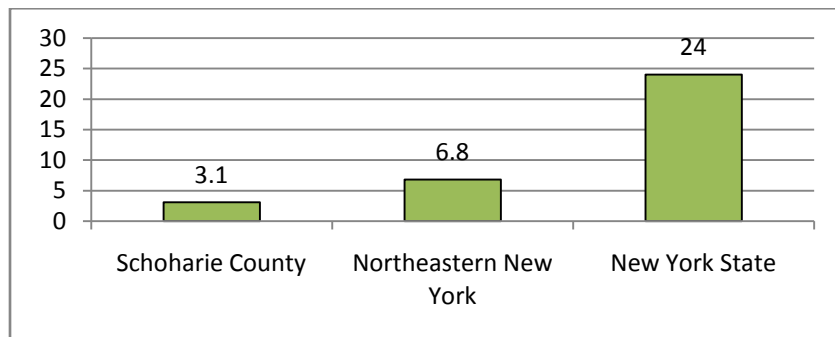
a) Incidence: *The Healthy People 2010 (HP2010) goal is decrease the number of new cases of tuberculosis to 1.0 new case/100,000 population (baseline 6.8 new cases/100,000 population).* Since 1996 there have been no new cases of tuberculosis reported in Schoharie County. This surpasses both the 2004 New York State rate of 6.8/100,000 and the HP2010 goal. It is noteworthy to point out, however, that a single case diagnosed in Schoharie County would change the rate to approximately 3.1/100,000.

b) TB Services: The Schoharie County Health Department provides PPD testing and reading to its staff and to the public as necessary. Home services are also available to monitor treatment compliance to TB patients and families. Education sessions are provided to various groups including schools and daycare facilities.

F. HUMAN IMMUNODEFICIENCY VIRUS (HIV) & ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)

a) Incidence: *The HP2010 objective is to decrease the number of new AIDS cases to 1 new case per 100,000 population (baseline 19.5/100,000).* There is no specific target for HIV diagnosis. In 2006, there were no new HIV diagnoses and two new cases of AIDS in Schoharie County giving a rate of 1.0 new case/100,000 population. For 2004-2006, the new diagnosed HIV case rate for New York State was 24.0/100,000. Figure 60 compares the HIV case rate per 100,000 for Schoharie County to that of Northeastern New York and New York State for the years 2004-2006:

Figure 60: HIV Case Rate per 100,000, 2004-2006



b) Prevalence: According to the New York State HIV/AIDS Surveillance Report for cases diagnosed through December 2006, there are 20 people living with HIV (of which 7 are incarcerated residents) and 15 people living with AIDS (of which 5 are incarcerated residents.) There have been 40 cumulative AIDS diagnoses in Schoharie County through 2006, including incarcerated residents. According to the New York State Department of Health, the HIV case rate per 100,000 for Schoharie County is 3.1/100,000 for the years 2004-2006. This is lower than the New York State HIV case rate of 24.0/100,000. The AIDS

case rate for Schoharie County for the same time period is 3.1/100,000, which is also lower than the New York State rate of 23.8/100,000.

c) Deaths due to AIDS: According to SPARCS data, there have been two deaths due to AIDS in Schoharie County from 2004-2007. The AIDS mortality rate for 2004-2006 for Schoharie County was 2.1/100,000. However, because this rate is based on a total number of deaths that is too small to report for confidentiality reasons, the rate may not be reliable. The AIDS mortality rate per 100,000 for the years 2004-2006 for New York State overall was 8.4.

d) HIV in Newborns: In NYS, specimens from the newborn screening program are tested by the NYSDOH for HIV. For the years 2001-2003, no children tested for HIV were found positive. Further, in 2004-2006 there were no hospitalizations or deaths reported in Statewide Planning and Research Cooperative System (SPARCS) data indicating that a child under the age of 2 was infected with HIV or AIDS.

e) HIV/AIDS Services: HIV education, counseling and testing are available at Planned Parenthood Hudson Mohawk of Cobleskill, SUNY Cobleskill Wellness Center, Cobleskill Regional Hospital and private providers. The Schoharie County Health Department provides free testing through Planned Parenthood Hudson Mohawk of Cobleskill. Anonymous testing services are not available in the county. Residents seeking anonymous testing are referred to Albany Medical Center.

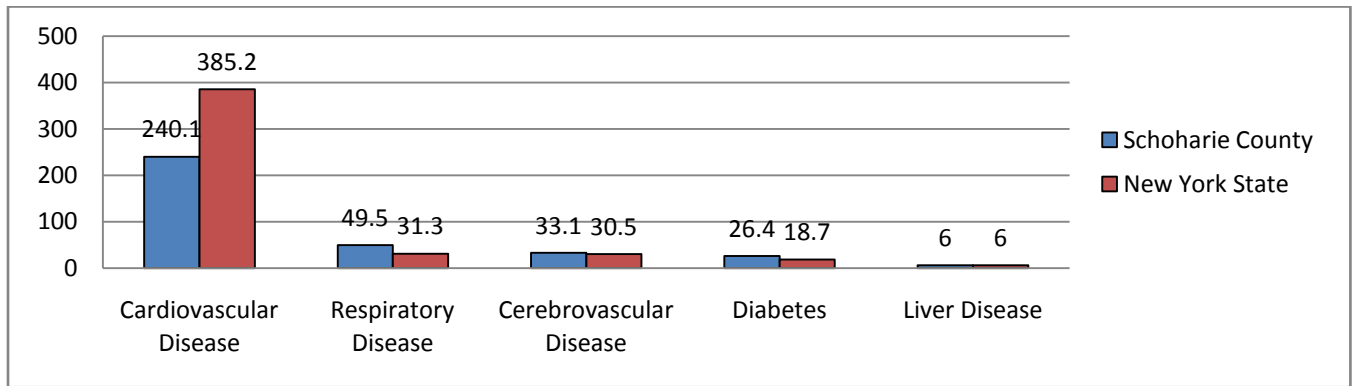
III. CHRONIC DISEASES

According to the National Center for Health Statistics (NCHS), the top three causes of death across the nation are chronic diseases: heart disease, cancer and stroke (cerebrovascular disease). In fact, of the top 15 causes of death nationwide, 11 are chronic diseases. For New York State and Schoharie County, these trends are similar.

A. Leading Causes of Chronic Disease Death for Schoharie County

Figure 61 displays the leading causes of death due to chronic disease for Schoharie County and New York State according to vital statistics data from 2004-2006. Cancer has not been included on the table and detailed information on cancer mortality can be found in the cancer section of this document.

Figure 61: Leading Causes of Death Due to Chronic Disease, 2004-2006

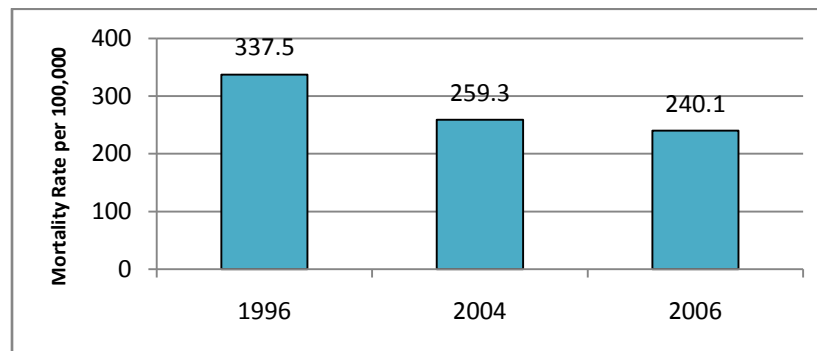


NYSDOH Vital Statistics

B. Heart Disease (Cardiovascular Disease)

The HP2010 objective is to reduce the death rate from heart disease to 166/100,000. In 1996, the death rate due to heart disease in Schoharie County was 337.5/100,000. The 2004 rate was 259.3/100,000 and the 2006 rate was 240.1/100,000. Although this trend shows great improvement, there is still much to be done to reach the HP2010 objective. Figure 62 illustrates this trend in heart disease mortality in Schoharie County:

Figure 62: Mortality Rate due to Heart Disease in Schoharie County, 1996, 2004 and 2006



Risk factors proven to be associated with heart disease include three that are modifiable: smoking, high cholesterol and high blood pressure. According to the expanded BRFSS 2008 Interim Report for Schoharie County:

- 23.0% of surveyed residents are current smokers, and 15.3% report everyday smoking
- 33.9% of surveyed residents have been diagnosed with high blood pressure
- 81.2% of respondents report ever having had cholesterol checked

More specific heart disease data for Schoharie County is not readily available. Though now somewhat outdated, a Health Census survey was conducted in 1999 by Bassett Research Institute. This survey showed the prevalence of high cholesterol to be greatest in males between the ages of 50 and 64 (50%), although high cholesterol was noted across all age groups over 18. For high blood pressure, the same

survey showed that the majority of treatment centered on either medications alone or diet/exercise with medication. Twenty percent of males surveyed noted “none” as treatment for high blood pressure. In 2009, the Bassett Research Institute began a new Health Census survey, but the data will not be available in time for the completion of this health assessment.

C. Cancer

Figure 63 identifies the incidence and mortality rates for cancers in Schoharie County between 2001 and 2005. Cancer of the lung and bronchus had both the highest total incidence and the highest mortality, but breast cancer had the highest incidence rate per 100,000.

Figure 63: Cancer Incidence and Mortality, Schoharie County, 2001-2005

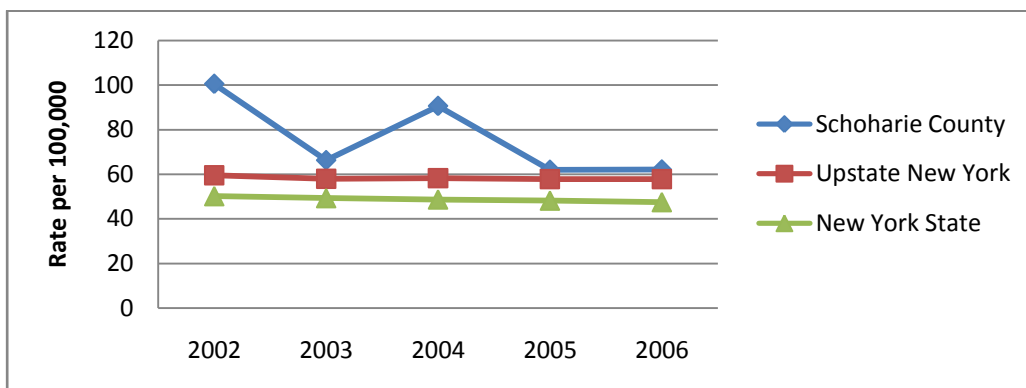
	5 Year Total	County Rate*	NYS Rate*
Incidence			
Lung and Bronchus	162	86.1	64.8
Female Breast	130	133.7	124.8
Prostate	107	119.8	166.3
Colorectal	92	48.6	54.1
Cervical	10	12.9	8.9
Ovary	12	13.1	14.4
Melanoma	30 ²	17.6	13.4
Mortality			
Lung and Bronchus	130	68.6	47.1
Female Breast	22	20.5	25.5
Prostate	14	17.5	25.7
Colorectal	48	25.3	19.1
Cervical	s ¹	2.1	2.6
Ovary	8	7.5	8.8
Melanoma	6	3.2	2.2
NYSDOH Cancer Registry, National Cancer Institute State Cancer Profiles *Rates reported are age-adjusted to the 2000 US Population ¹ Total suppressed for confidentiality ² 5 year total calculated based on average annual incidence for given time period			

a) Lung Cancer:

Lung Cancer is the leading cancer-related cause of death in Schoharie County, and Schoharie County has one of the highest rates of deaths due to lung cancer in New York State. According to Vital Statistics data for 2002-2006, there were 122 lung cancer deaths during this time period, which equates to a 76.2 per 100,000 mortality rate due to lung cancer. This is higher than the mortality rate for both the Northeastern New York region (64.9/100,000) and that of New York State overall (48.8/100,000). Figure 64 illustrates the mortality rate due to lung cancer in Schoharie County, Upstate New York and New York

State for the years 2002-2006. As can be seen, though there is considerable fluctuation in the Schoharie County lung cancer mortality rate, likely due to the small population size, the rate remains consistently higher than that of both Upstate New York and New York State overall:

Figure 64: Lung Cancer Mortality Rates, 2002-2006*



*Please note that this data is for a different time period, 2002-2006, than Figure 63. This accounts for the difference in Mortality rates show in Figure 64 and the preceding discussion.
 NYSDOH, County Health Indicator Profiles

According to Cancer Registry data for the years 2001 to 2005, the incidence rate of lung cancer is also higher in Schoharie County than in the Northeastern New York region and New York State overall. Further, Schoharie County has the 7th highest lung cancer incidence of all 62 counties in New York State. Figure 65 summarizes the average annual incidence cases of lung cancer in each of these geographic areas and reports the incidence case rate for 2001-2005:

Figure 65: Lung Cancer Incidence

	Average Annual Incident Cases	Incidence Case Rate, per 100,000
Schoharie County	32.4	102.3
Northeastern New York	1,308.4	89.0
New York State	12,977.4	67.6

NYSDOH, Cancer Registry Data

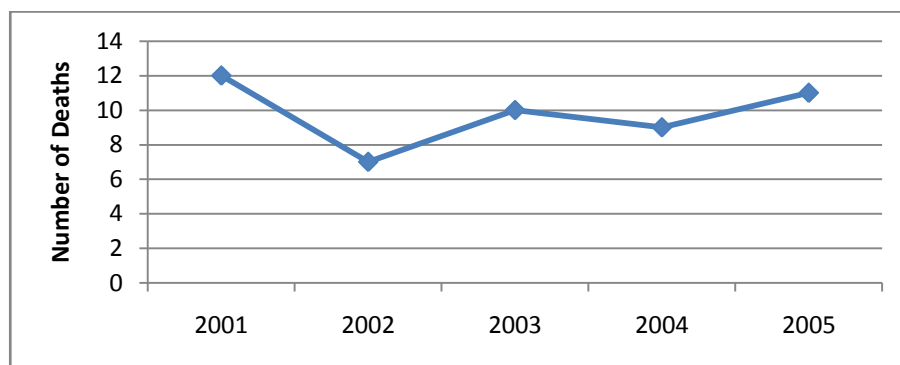
The majority of lung cancers are tobacco related. Further, there is strong evidence of a link between secondhand smoke and lung cancer. As previously noted, 23.0% of residents in Schoharie are current smokers. This is higher than the overall New York State rate of 20.3%. Of the smokers in Schoharie County, 26.5% smoke at home, and only 62% of households surveyed report strict non-smoking policies. These factors increase the exposure to tobacco smoke of not only the high percentage of smokers in Schoharie County but the non-smokers as well via secondhand smoke, including children, and may continue to increase the prevalence of lung cancer in Schoharie County. With these factors in mind, tobacco use should be considered as another priority area for Schoharie County.

b) Colorectal Cancer:

According to Cancer Registry data, during the period 2001-2005 there were 92 incident cases of colorectal cancer in Schoharie County, giving a crude incidence rate of 58.1 per 100,000. This is lower than the incidence rate for the Northeastern New York Region (66.5/100,000) but higher than that of New York State overall (56.8/100,000).

Further, according to the same data set, there were 49 deaths due to colorectal cancer during the years 2001-2005 giving Schoharie County a colorectal cancer mortality rate of 30.6/100,000. This is higher than the mortality rate of the Northeastern New York region (21.8/100,000) and that of New York State overall (19.6/100,000). Figure 66 illustrates the number of deaths from colorectal cancer in Schoharie County for the years 2001-2005 and also displays the mortality rate. As can be seen, there has been a general upward trend in the number of deaths due to colorectal cancer in Schoharie County since 2002.

Figure 66: Deaths due to Colorectal Cancer, Schoharie County, 2001-2005



According to the American Cancer Society, there are many risk factors for colorectal cancer that cannot be controlled, such as age, race or genetic predisposition. However, there are also several risk factors that can be controlled through lifestyle, including the following:

- A high fat diet
- Low consumption of fruits and vegetables
- Physical inactivity
- Obesity
- Tobacco Use
- Heavy Alcohol Use
- Type II Diabetes

Many of these risk factors have a high prevalence in Schoharie County, indicated by the high percentage of Schoharie County residents who are obese, which could be a contributing factor to the high incidence and mortality rates of colorectal cancer in Schoharie County. This is further bolstered by 2008 Expanded BRFSS data which indicated that only 24.9% of Schoharie County residents surveyed reported eating five or more servings of fruits and vegetables a day, and only 77.5% reported participating in leisure time physical activity within the last 30 days.

Screening: *The HP2010 target is for 50% of eligible adults to receive a colonoscopy or sigmoidoscopy according to appropriate intervals.* Across New York State, colorectal cancer screening has been on the rise (42% in 1999, 56.7% in 2004, 63.9% in 2006). According to the 2008 Expanded BRFSS Interim Survey for Schoharie County:

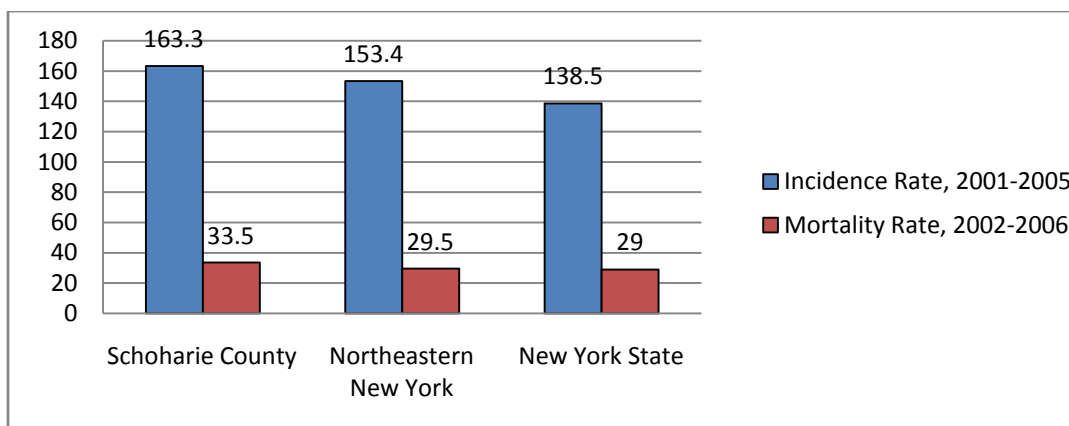
- Of adults aged 50 and over, 43.8% reported ever having used a blood stool test at home
- Of adults aged 50 and over, 57.3% reported ever having a colonoscopy/sigmoidoscopy
- Of adults aged 50 and over, 56.1% reported a colonoscopy/sigmoidoscopy in the past 10 years

In 2007 the Schoharie County Healthy Living Partnership became known as Cancer Services Program of Delaware, Otsego and Schoharie Counties. Though the Schoharie County Health Department is no longer the lead agency, the health department does remain one of the partners of the organization. This is a program that provides free cancer screenings, including colorectal screenings, to residents of Schoharie, Delaware and Otsego counties. The Cancer Services Program of Delaware, Otsego and Schoharie counties provided 27 free colorectal screenings in the grant year 2009, all of which were in the age group 50-64 years old.

c) Breast Cancer:

The table below displays the incidence and mortality rates due to female breast cancer for Schoharie County, the Northeastern New York Region and New York State overall. The incidence rates are calculated using Cancer Registry data for the years 2001-2005, and the mortality rates are calculated using Vital Statistics data for 2002-2006. As can be seen in Figure 67, both the incidence rate and the mortality rate for Schoharie County is higher than that of Upstate New York and New York State overall:

Figure 67: Breast Cancer Incidence and Mortality Rates per 100,000



NYSDOH, Cancer Registry Data 2001-2005, Vital Statistics Data 2002-2006

According to the American Cancer Society, there are risk factors for breast cancer that are not under a woman's control, including gender, age, genetic risk factors such as mutations on the BRCA1 and BRCA2⁸ genes, and a family history of breast cancer. However, as with other cancers, there are risk factors that are related to lifestyle and therefore controllable, including heavy alcohol use, being overweight or obese and a lack of physical activity. The prevalence of these controllable risk factors in Schoharie County may be increasing the incidence and mortality rates of breast cancer and further highlights the need to emphasize increasing healthy lifestyles among Schoharie County residents.

Screening: According to the 2008 BRFSS Interim Report, an estimated 83.3% of female residents in Schoharie County reported having had a mammogram in the past two years, as compared to 77.9% for New York State, and surpasses the HP2010 target of 70% mammography screening in the past two years.

Figure 68 summarizes the free screening services provided in Schoharie County for the Grant Year ending March 31, 2009 by the Cancer Services Program of Delaware, Otsego and Schoharie counties:

Figure 68: Cancer Services Program Breast Cancer Screenings, Grant Year 2009

Screening Services	Age Group				Total for Service
	18-39	40-49	50-64	65+	
Breast Exams	33	39	48	2	122
Mammograms	0	38	56	3	97

Schoharie County Health Department Health Education Grid

d) Prostate Cancer:

Prostate cancer is the second most common type of cancer in Schoharie County and the fourth most common relative to mortality. However, though prostate cancer has the second highest incidence rate of all cancers in Schoharie County, according to the National Cancer Institute, Schoharie County has the lowest incidence rate for prostate cancer out of all 62 of New York State's counties.

More than 70% of prostate cancers are diagnosed in men over the age of 65. The number of deaths due to prostate cancer has decreased over time, and for the years 2001-2005 there was an age adjusted mortality rate of 17.5/100,000 in Schoharie County (age-adjusted mortality rates have been standardized against the 2000 US Population.) Further, the average annual incidence count for Schoharie County is 21, which equates to an average annual incidence rate of 119.8/100,000 for the years 2001-2005.

⁸ BRCA1 and BRCA2 are human genes that belong to a class of genes known as tumor suppressors. Mutation of these genes has been linked to hereditary breast and ovarian cancer. A woman's risk of developing these cancers is greatly increased if she inherits a harmful BRCA1 or BRCA2 gene mutation.

Screening: According to the 2008 BRFSS Interim Report, 59.4% of Schoharie County residents reported having a digital rectal exam within the past two years, and 79.9% reported ever having had a digital rectal exam. Further, an estimated 58.3% reported ever having had a Prostate-Specific Antigen (PSA) Test, and 51% reported having a PSA in the past two years.

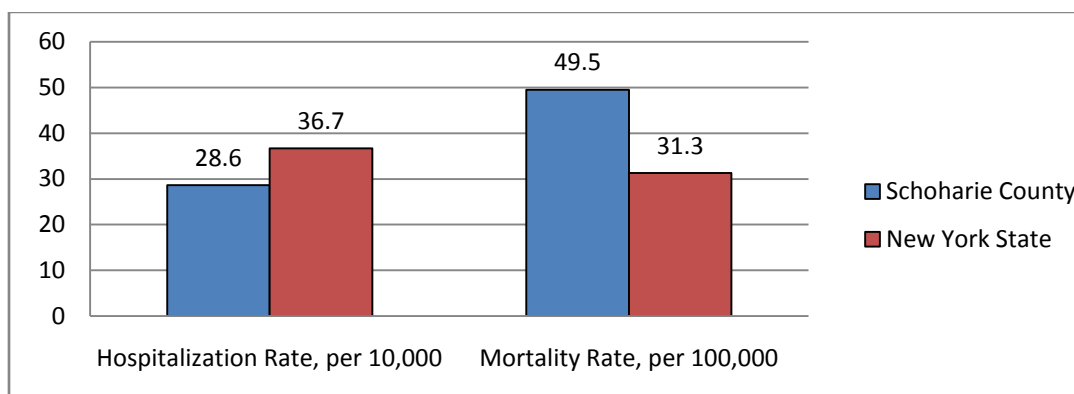
D. Respiratory Disease (Chronic Obstructive Pulmonary Disease)

Respiratory diseases are a leading cause of death in Schoharie County. Lung cancer is the leading cause of cancer-related death in Schoharie County, and so the relatively high prevalence of respiratory diseases is not surprising. Death rates from Chronic Obstructive Pulmonary Disease (COPD) have trended higher in Schoharie County than New York State since 1993. Tobacco use, exposure to secondhand smoke and occupational exposures are the most likely explanations. Mortality rates from respiratory diseases are higher in Schoharie County than across New York State. However, though in years past the hospitalization rate from respiratory diseases had also been higher in Schoharie County than New York State, the hospitalization rate for 2004-2006 was lower in Schoharie County than in New York State overall.

According to SPARCS data, between 2004 and 2006 there were 315 hospitalizations in Schoharie County from respiratory diseases. Chronic bronchitis was by far the most common respiratory disease with 235 hospitalizations. According to vital records data, from 2005 to 2007 there 63 deaths from respiratory disease in Schoharie County with chronic airway obstruction-not otherwise specified as the most common diagnosis (59 deaths.)

Figure 69 compares the hospitalization rate per 100,000 and the mortality rate per 100,000 due to respiratory diseases for Schoharie County to that of New York State overall for the years 2004-2006. The table shows that hospitalization rate for respiratory diseases in Schoharie County is lower than that of New York State, but the mortality rate is higher:

Figure 69: Hospitalization and Mortality Rates for Respiratory Diseases, 2004-2006



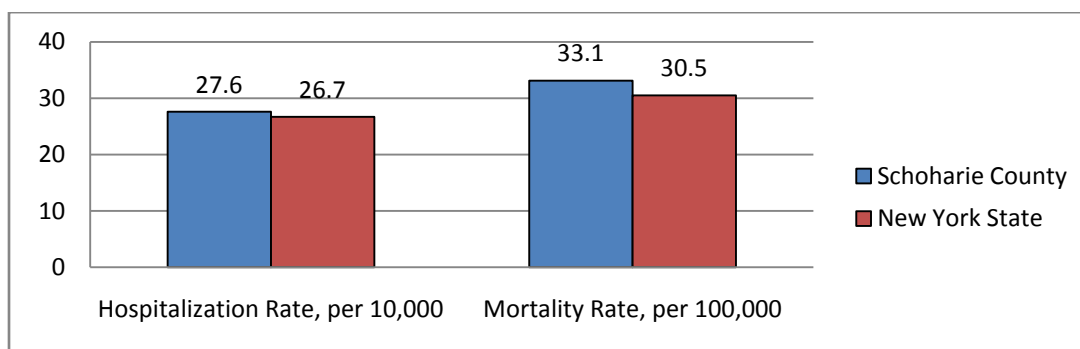
E. Stroke (Cerebrovascular Disease)

The HP2010 target is to reduce the number of deaths due to stroke to 48/100,000. Cerebrovascular disease, more commonly known as stroke, is the third leading cause of death in the United States.

Though stroke is the fourth most common cause of chronic disease death in Schoharie County, the HP2010 target rate has already been met throughout New York State, including Schoharie County. Though the rates reported below are age-adjusted, the crude mortality rate for Schoharie County is 42.3/100,000. Though this is higher than the overall New York State crude mortality rate of 34.2, this rate is still below the HP2010 target level.

According to SPARCS data, from 2004 to 2006 there were 30 hospitalizations from cerebrovascular disease in Schoharie County, including arterial embolism and thrombosis. According to vital records data, there were 40 deaths from cerebrovascular disease during the same time period. The NYSDOH reports an age-adjusted mortality rate of 33.1 per 100,000 for Schoharie County and 30.5 per 100,000 for New York State overall. The reported age-adjusted hospitalization rate due to cerebrovascular disease for 2004 to 2006 is 27.6 per 10,000 for Schoharie County and 26.7 per 10,000 for New York State. Figure 70 displays a summary of the hospitalization and mortality rate data for New York State and Schoharie County:

Figure 70: Hospitalization and Mortality Rates for Cerebrovascular Disease, 2004-2006



F. Diabetes

According to the 2008 Expanded BRFSS Interim Report, the prevalence rate of diabetes across Schoharie is 7.7%. This is lower than the 2005 BRFSS rate across NYS of 8.1%, though 2005 data for Schoharie County is not available. The mortality rate due to diabetes in Schoharie County has trended above that of New York State since 1993, and has continued to do so for the period of 2004-2006. For this time period, the mortality rate for Schoharie County was 33.0 per 100,000 (age-adjusted 26.4/100,000) and for New York State was 20.4 per 100,000 (age-adjusted 18.8/100,000).

Diabetes Prevention and Control Program : The Health Living Partnership of Fulton, Montgomery, Otsego and Schoharie Counties is lead by Cornell Cooperative Extension, located in Cooperstown. Funding from the Diabetes Prevention and Control Program is distributed among the partners. The partnership is one of 15 regional diabetes coalitions funded by the Diabetes Prevention and Control Program. The coalition addresses diabetes prevention in high-risk adult populations in areas including capacity-building; primary and secondary prevention; professional education; public education and awareness; and policy, systems, and environmental change. Partners include local health units, Offices for the Aging, local hospitals, Centro Civico, Hispanic Outreach Services, and other community-based

organizations. The coalition focuses many of its diabetes prevention initiatives on the large Hispanic population in Montgomery County, as well as rural populations in the region. Most recently, the coalition has partnered with worksites in the region to develop policies for healthier food options in employee vending areas.

G. Asthma in Adults

The 2008 Expanded BRFSS Interim Report shows that the prevalence rate of asthma across Schoharie County is 8.5% compared to 7.9% across New York State. However, according to 2005-2007 Vital Statistics data, adult mortality and hospitalization rates for asthma are less in Schoharie County than in New York State. There were no deaths attributed to asthma in 2005 or 2006, and one death in 2007. This gives Schoharie County an asthma mortality rate of 10.4 per 100,000 (note the relatively high rate despite only one death because of Schoharie County's population size.) The asthma mortality rate for New York State overall is 13.2.

Figure 71 shows the hospitalization rates for asthma per 10,000 adults, by age group, for Schoharie County, the Northeastern New York Region and New York State overall for the years 2004-2006. In all age groups, the hospitalization rate due to asthma is lower in Schoharie County than in both the Northeastern New York region and New York State overall:

Figure 71: Hospitalization Rates for Asthma in Adults per 10,000, by Age Group

Age	Schoharie County	Northeastern New York	New York State
Total	7.0	11.8	21.0
15-24 years	1.9	4.4	8.2
25-44 years	7.0	8.8	12.2
45-64 years	6.4	11.3	21.5
65+ years	9.8	17.2	30.0

NYSDOH, SPARCS, 2004-2006

H. Disability in Adults

According to the 2008 BRFSS Interim Report, 20.9% of adults in Schoharie County report having a disability. Broken down by gender, 20.5% of males report having a disability and 21.2% of females report having a disability. These percentages are lower than that of New York State overall, which are 24.6% for the total population, 23.3% for males and 25.7% for females. Similarly, 6.3% of adults in Schoharie County report having a health problem that requires the use of special equipment, and 20.1% report having activity limitations because of physical, mental or emotional problems. These percentages are again lower than that of New York State overall which are 7.8% and 22.3%, respectively.

I. Chronic Disease Prevention

Efforts to raise public awareness about chronic diseases continue to be a priority for the Schoharie County Department of Health. Free blood pressure clinics, as well as screenings for diabetes are offered regularly throughout the year. More emphasis on the risk factors associated with these diseases has been integrated into a broad spectrum of services. All home care patients receiving visits from Schoharie County Department of Health nursing staff are provided smoking cessation information, including the NYS Quitline number and specifics on the various medications to use as a smoking cessation aid.

Educating the public about heart disease, stroke, cancer prevention and the adverse effects of tobacco use has been a priority for the Schoharie County Department of Health. Other agencies that also address healthy living include:

- Schoharie County Cornell Cooperative Extension
- Schoharie County Office for the Aging
- Cobleskill Regional Hospital
- Tobacco Free Schoharie County
- Cancer Services Program

The **Up Close Cardiac Surgery Program**, available to Schoharie County seventh graders, is an outreach educational program offered by Bassett Heart Care Institute of Cooperstown. This innovative program is presented at Mary Imogene Bassett Hospital in Cooperstown, and provides students with both a didactic lecture on heart function and cardiac risk factors and the opportunity to watch a cardiovascular team perform cardiac surgery via remote feed or a recording. The objective of this program is to promote a healthy lifestyle beginning with the choices our youth make as they approach their teens. During the time period 2006-2009, three of the six Schoharie County School Districts, Gilboa-Conesville, Sharon Springs and Schoharie, have taken part in this program.

The **Rural Health Education Network for Delaware, Otsego, Montgomery, and Schoharie Counties (RHENDOMS)** is a network that provides two major forms of health education to residents of Schoharie County. First, RHENDOMS provides Dental Health Education to students in all six Schoharie County school districts, and typically reaches 1,200-1,500 children per year in grades K-3. RHENDOMS also provides nutrition education in the schools through a program entitled Nutrition Detectives. This program provides a 90 minute presentation to children in grades 2-6 and focuses on teaching the children food label literacy, or being able to truly decipher the labels on foods and determine their nutritional content. In the 2009-10 school year, all six school districts will be offered presentations, and in the 2008-09 the program was piloted at Schoharie Central School. Through RHENDOMS funding, a treadmill was purchased for the Sharon Springs Central School Fitness Room, as well as staffing for the fitness room two nights a week, so that the fitness room may be open to the community. Finally, interested teachers were trained in the Yoga Kids "Tools for Schools" program which incorporates physical activity and fitness into the classroom curriculum.

One of the most effective programs providing preventive services to Schoharie County residents is the Cancer Services Program, formerly known as the Health Living Partnership. Free or low cost breast and

cervical cancer screenings are available to women aged forty and above, who lack insurance or are under-insured. Working with community providers and hospitals, the Partnership provides breast exams, mammography, pelvic exams and PAP tests. Follow-up diagnostics are also available when indicated. Risk reduction is incorporated into the program as well, and women receive educational information on breast self-examination and cancer prevention strategies, particularly relating to the importance of annual breast and cervical screenings.

The **Diabetes Coalition**, also included in the Healthy Living Partnership coordinated by the Otsego County Department of Health, has continued to provide blood glucose screenings, diabetes education programs, and nutrition programs to the public. The goals are to promote early diagnosis and treatment of diabetes, and how to manage diabetes. All of the aforementioned programs provide service as part of the continuum for risk reduction.

SECTION 3: ACCESS TO HEALTH CARE

I. AVAILABILITY OF HEALTH CARE RESOURCES/FACILITIES

A. HOSPITALS

There is one hospital located within Schoharie County: Cobleskill Regional Hospital is a 40-bed, not-for-profit hospital accredited by the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO). The hospital provides inpatient care for general medical conditions, an inpatient progressive care unit, 19 outpatient specialty clinics, and emergency services are also available. Founded in 1956, the hospital was originally named the Community Hospital of Schoharie County, then in 1994 became affiliated with Bassett Healthcare and was renamed Bassett Hospital of Schoharie County. In 2007, the name changed to Cobleskill Regional Hospital, affiliated with Bassett Healthcare, to better reflect the hospital's community-based identity and regional presence.

According to the Center for Medicaid and Medicare Services (CMS) most recent inspection, this hospital has provided appropriate care to greater than 93% of patients in heart attack, heart failure and pneumonia care in all but one quality measure.

There are 14 area hospitals serving Schoharie County residents, including two medical centers: Bassett Hospital in Cooperstown and Albany Medical Center. Figure 72 shows the number of Schoharie County residents discharged from area hospitals, as well as what percentage of the total hospital discharges for Schoharie County residents that represents.

Figure 72: Total Schoharie County Resident Hospital Discharges by Hospital, 2007

Hospital	Number of Discharges	Percent of Total Discharges
Mary Imogene Bassett Hospital-Cooperstown	1,194	36.2%
Cobleskill Regional Hospital	572	17.3%
Albany Medical Center Hospital	417	12.6%
Ellis Hospital – Schenectady	308	9.3%
St. Peter’s Hospital – Albany	206	6.2%
Aurelia Osborn Fox Memorial Hospital – Oneonta	177	5.3%
Bellevue Women’s Care Center ⁹ – Niskayuna	123	3.7%
McClellan Campus, Ellis Hospital - Schenectady	62	1.9%
Sunnyview Hospital Rehabilitation Center – Schenectady	57	1.7%
St. Mary’s Hospital – Amsterdam	50	1.5%
54 other hospitals with <1%		
Total	3,302	

NYSDOH, SPARCS 2007

B. PRIVATE PROVIDERS

According to the New York State Physician Profile website through the New York State Department of Health, there are 21 licensed medical providers within Schoharie County. Figure 73 displays the numbers broken down by listed area of specialty:

Figure 73: Licensed Medical Providers in Schoharie County

Physician Specialty	Number of Physicians
Family Practice	9
Internal Medicine	4
Psychiatrists	3
Ophthalmologists	2
Anesthesiologist	1
Undefined Specialty	2

New York State Physicians Profile, NYSDOH

⁹ Bellevue Women’s Care Center is a campus of Ellis Hospital in Niskayuna.

Also according to the New York State Physician Profile, the majority of the physicians accept Medicaid (15 accept Medicaid, and 1 accepts at some locations), Medicare (15, plus 4 accepting at some locations) and Child Health Plus (15, plus 4 accepting at some locations). Eight accept Family Health Plus at all locations, and 2 accept Family Health Plus at some locations.

C. NURSING HOMES

Currently, there are no nursing homes in Schoharie County. The Eden Park Healthcare Center in Cobleskill closed in July, 2007.

D. ADULT HOMES/ASSISTED LIVING FACILITIES

There are three adult care/assisted living facilities in Schoharie County: The Marchand Manor Home for Adults in Sharon Springs (36 beds), the Sharon Springs Manor (36 beds), and Van Aller's (6 beds). Sharon Springs Manor and Van Aller's are adult homes, but are not assisted living facilities while the Marchand Manor Home is both an adult home and an assisted living facility.

E. EMERGENCY MEDICAL SERVICES

Transport First Response/Ambulance Services: Throughout Schoharie County there are 11 ambulance services. Five are advanced EMT, four are paramedic certified and two provide basic life support only. The transport first response/ambulance services that serve Schoharie County are listed in Figure 74:

Figure 74: Transport First Response/Ambulance Services Serving Schoharie County

Transport First Response Services	
Carlisle Rescue Squad	Middleburgh Emergency Volunteer Ambulance Corps
Central Bridge Fire District	Richmondville Volunteer Emergency Squad, Inc.
Cobleskill Fire Department Rescue Squad	Scho-Wright Ambulance Service, Inc
Conesville Rescue Squad	Sharon Springs Joint Fire District
Esperance Volunteer Fire Department Rescue Squad	Summit Fire District Rescue Squad
Jefferson Volunteer Fire Department Rescue Squad	

Non-transport First Response: There are six non-transport first response services. Five provide basic life support only and one provides paramedic services. Four are out of fire departments, including Burtonsville, Charlotteville, West Fulton and the Gallupville Volunteer Fire Department. One non-transport first response team is through the SUNY Cobleskill Medical Response Team, and the sixth is the Schoharie County Critical Care Team.

F. HOME HEALTH SERVICES

Certified Home Health Agencies (CHHA): CHHAs provide part-time, intermittent care and support services to individuals who need intermediate and skilled health care. CHHAs can also provide long-term nursing and home health aide services, can help patients determine the level of services they need, and can either provide or arrange for other services including physical, occupational and speech therapy, medical supplies and equipment, and social worker and nutrition services.

The CHHA of the Schoharie County Health Department provides intermittent home care by a staff of multi-disciplinary health professionals. The primary medical conditions receiving home care in 2007 from the CHHA include vascular/circulatory dysfunction, injuries, ill defined conditions, musculoskeletal conditions and endocrine disorders (diabetes). Figure 75 below shows the total annual billable visits for the years 2004-2007:

Figure 75: Schoharie County Health Department CHHA Visit Analysis, Total Billable Visits

	2004	2005	2006	2007
Total Billable Visits	8,301	8,107	7,761	7,487
Skilled Nursing/Medicare	3,435	3,569	3,220	2,900
Skilled Nursing/Other	2,308	2,642	2,296	2,645
Physical Therapy	621	468	568	595
Occupational Therapy	88	44	0	0
Home Health Aides	1,849	1,384	1,675	1,347

It is important to note that the numbers presented in Figure 75 do not include Maternal/Child Wellcare visits, Lead home visits or other no-charge visits such as Patient Centered Conferences and Home Health Aide Supervision. In addition to billable visits, the CHHA of the Schoharie County Department of Health also provides visits at no charge. The visit analysis for these CHHA visits is shown below in Figure 76:

Figure 76: Schoharie County Health Department CHHA Visit Analysis, Total No Charge Visits

	2005	2006	2007
Total No Charge Visits	580	539	653
Skill Nursing – Maternal/Child	74	43	59
Skill Nursing – All Other	462	462	577
Home Health Aide – All Other	44	34	17

Hospice/Palliative Care: The Catskill Area Hospice and Palliative Care facility provides both services to residents with life-limiting illness in Schoharie, Delaware and Otsego counties. The Community Hospice in Rensselaer, New York, as well as The Community Hospice of Schenectady, also provides hospice care to Schoharie County residents, as well as residents of seven other counties in the surrounding area.

Expanded In-Home Services for the Elderly Program (EISEP): The Office for the Aging has operated EISEP since 1988. Clients must be 60 years of age or older with limited ability to perform activities of daily living, and the majority of EISEP clients are age 75 or older and living alone. The Office for the Aging contracts with two licensed care agencies to assist clients with these daily activities. This enables them to remain safely in their own homes. EISEP depends on annual state appropriations, so at times waiting lists develop for EISEP applicants. Clients of EISEP receive care on two levels: Level I, which provides housekeeping, and Level II which provides personal care. Some clients of EISEP receive case management only. Figure 77 summarizes the EISEP case load for 2008-2009:

Figure 77: Schoharie County EISEP Case Load, 2008-2009

	2008	2009
Total Number of Clients	30	40
Level I (Housekeeping) Clients	11	12
Level II (Personal Care) Clients	18	25
Case Management Only Clients	1	3

II. DISCUSSION OF PRIMARY CARE AND PREVENTIVE HEALTH SERVICES

As the cost of medical care continues to rise in this country, there has been increased discussion of the importance of preventive and primary care services. Improving access and utilization of primary and preventive care services involves the patient, the provider and the community. Barriers to preventive services that involve the patient include lack of knowledge, lack of acceptance that prevention makes a difference and lack of health insurance. Barriers that involve the provider involve time constraints, emphasis on treatment in the medical model and reimbursement concerns. Some of these barriers have

been measured through the 2003 Expanded BRFSS (data is for Schoharie, Delaware and Otsego Counties) and the 2008 BRFSS Interim Report and previously discussed in this document.

III. DISCUSSION OF COMMONLY IDENTIFIED BARRIERS

A. FINANCIAL

Poverty remains a major issue facing Schoharie County. As noted in the earlier section on income (see demographics section,) 23.8% of the population earns less than \$24,999. While this is a considerable improvement over previous years, this still illustrates that a large proportion of the county faces financial difficulties. Further, the median income in Schoharie County (\$44,525) is significantly lower than the overall New York State median income of \$53,448. Likewise, 9.3% of families and 11.7% of individuals in Schoharie County live below the federal poverty line. As is a challenge in all parts of the country, the “near-poor” often find themselves ineligible for assistance programs and yet financially unable to purchase health insurance, and businesses in the county are a poor source of health insurance for employees. Fortunately, particularly as the percentage of children living in poverty in Schoharie County has been increasing in recent years, Child Health Plus has become a major source of health insurance for the county’s children (and is widely accepted by the majority of health care providers in the county.)

B. STRUCTURAL

In rural counties, such as Schoharie County, gaps in service exist based on the tendency for more populated areas to have health services. This leaves wide areas of the county without nearby options for health care. Though Schoharie County does have a public transportation system, this still potentially presents a challenge for many Schoharie County residents.

C. PERSONAL

A major personal factor identified as a barrier to health care in Schoharie County is education level. Having a high school education or less as the terminal degree is often a predictor of a lack of health insurance, lack of preventive service utilization and more likely participation in behaviors linked to poor health, such as tobacco and alcohol use, and unhealthy eating habits. According to the 2005-2007 American Community Survey, in 2007, 42% of Schoharie County residents had a high school diploma or equivalency while 17% had less than a high school diploma. Collectively, this means that 59% of the population has an educational attainment status of a high school diploma or less, indicating that this could be a significant barrier to adequate health care in Schoharie County.

D. BEHAVIORAL RISK FACTORS

a) BRFSS: Behaviors tracked in the BRFSS reflect information regarding the adults within communities. Many behavioral risk factors have been previously discussed within this report, such as eating/exercise habits and tobacco use, and the individual sections can be referenced for specifics. This section will highlight several selected behaviors using data from the Expanded BRFSS 2008 Interim Report.

Fruit and Vegetable Consumption: Among adults in Schoharie County, only an estimated 24.9% reported eating five or more servings of fruits and vegetables per day. More women (29.3%) than men (20.3) reported eating five or more servings of fruits and vegetables per day, and the number also increased with higher levels of education (24.7% of people with less than a high school diploma reported eating five or more servings as compared to 25.2% of college graduates.) Interestingly, this same pattern was not evident by income levels in Schoharie County, and the lower income levels actually reported higher fruit and vegetable consumption than the higher income levels. Figure 78 shows a summary of the percentage of Schoharie County Adults surveyed who reported eating five or more servings of fruits and vegetables per day:

Figure 78: Percentage of Schoharie County Adults who Report Eating Five or More Servings of Fruits and Vegetables per Day, by Income Level

Income Level	Percent
≤ \$24,999	27.5
\$25,000 - \$49,999	28.0
\$50,000 - \$74,999	11.1
≥75,000	23.9

Physical Activity: Data on physical activity in Schoharie County is relatively limited because the only relevant question on the BRFSS lacks specificity. The BRFSS reports the estimated percent of adults who report no leisure-time physical activity. In Schoharie County, 16.4% of adults reported taking part in no leisure-time physical activity; This is lower than the overall New York State percentage of 22.7%. A lower percentage (15.0%) of women reported taking part in no leisure-time physical activity than men (17.7%) in Schoharie County. This trend is in keeping with women reporting healthier eating habits, and can be seen in the overall percentages for New York State, as well.

Tobacco Use: Though tobacco use has been mentioned several times in previous sections of this document, this is an area of great importance for Schoharie County and so is included in this section, as well. According to the 2008 BRFSS Interim Report, 23.0% of Schoharie County adults report current smoking. This is considerably higher than the New York State percentage of 16.5%. The percentage of women who report current smoking is significantly higher than the percentage of men who report current smoking in Schoharie County, with 29.5% of women as compared to 16.3% of men. Tobacco use also decreases significantly with higher levels of education. Among Schoharie County residents with a high school diploma or less as the highest level of educational attainment 29.2% report current smoking, whereas only 22.9% of residents with some college and 9.6% with a college or higher report current smoking. A similar trend can be seen across income levels: 12.7% of Schoharie County residents in the highest income bracket report current smoking as compared to 24.0% of Schoharie County residents in the lowest income bracket. Likewise, 15.3% of Schoharie County adults report every day smoking. The same patterns as those describe related to current smoking apply to everyday smoking: women report

higher percentages than men, and everyday smoking decreases as educational attainment and income increase.

Alcohol Use: There are two questions related to alcohol use on the BRFSS. The first reports the percentage of adults who report binge drinking¹⁰ in the past month, and the second reports the percentage of adults who report heavy drinking¹¹ in the past month. In Schoharie County, an estimated 16.2% of adults report binge drinking in the past month, which is lower than the New York State percentage of 19.6. Reported binge drinking is much higher among males (21.9%) than females (10.5%) in Schoharie County. Reported binge drinking remains constant among all education levels, at about 16%, and decreases as income level increases. Though reported binge drinking is lower in Schoharie County than New York State overall, reported heavy drinking is considerably higher in Schoharie County. Within the county, 9.8% of adults report heavy drinking within the past month as compared to 5.4% in New York State. As with binge drinking, heavy drinking is more common among males than among females. However, there are fluctuations across educational attainment level and income level. The highest percentage of heavy drinking was reported among those with some college, and among the highest income bracket (\geq \$75,000).

Sexual Behavior: Because data on the 2008 Interim BRFSS related to this topic is limited, data for this section is from the 2003 Expanded BRFSS¹², which goes into greater detail. According to the BRFSS, 82% of adults between the ages of 18 and 64 are sexually active. Condom use was noted to be more common in adults aged 18-34. In regards to whether the respondent had ever been counseled on the prevention of STDs through the use of a condom, more females (21.6%) than males (4.8%) indicated that they had. This type of counseling was also more common in adults aged 18-34. These percentages are very low, particularly for males, and so communication and education related to condom use should be a stronger area of focus. Data from the 2008 BRFSS suggests that the public in Schoharie County could be in favor of such education, as 92% of respondents indicated that they believed it was at least somewhat acceptable to see and hear discussions about STD risks in public forms in their community.

b) Prevention Risk Indicator Services Monitoring System (PRISMS): The NYSDOH's Office of Alcohol and Substance Abuse (OASAS) has been tracking a variety of community indicators that are linked to the risk factors for youth chemical dependence since 1992. The most recent report available is from 2005, which reports data from 2002. This system breaks down the data into three categories: community risk indicators, youth risk indicators and youth consequences indicators. A protective community factor that is now present in Schoharie County is the Communities That Care (CTC) program. The goal of CTC is to help protect youth by risk factor prevention for problems such as alcohol and drug abuse.

¹⁰ Binge drinking is defined as men having five or more drinks or women having 4 or more drinks on at least one occasion within the past month

¹¹ Heavy drinking is defined as adult men averaging more than two alcoholic drinks per day and adult women averaging more than one alcoholic drink per day

¹² Data from the 2003 BRFSS is for Delaware, Otsego and Schoharie Counties.

Community Risk Indicators: Figure 79 highlights those risk factors tracked by PRISMS, and not indicated in a previous section of this document, that potentially impact individuals living within the county. Data is per 10,000 adults over the age of 20.

Figure 79: Community Risk Factors for Youth Chemical Dependence (2002)

	Schoharie County	New York State
Violent Crime Arrests	8.2	15.3
Hospital Diagnosis of Intentional Injury	1.6	3.7
Property Crime Arrests	30.4	47.7
Other Arrests	25.2	186.6
Adult OASAS Alcohol Treatment	54.2	46.5
Adult Probation Cases	25.9	33.1

PRISMS

Youth Risk Indicators: Figure 80 highlights those risk factors reflecting youth whose family environment or behavior place them at a higher risk for chemical dependence. The **bolded** risk factors reflect those for which Schoharie County has been consistently higher than New York State since 1992. Data is per 10,000 children age 0-17 unless otherwise indicated.

Figure 80: Youth Risk Factors for Youth Chemical Dependence (2002)

	Schoharie County	New York State
Foster Care Admissions	46.2	24.9
Children in Foster Care	72.7	43.9
Preventive Services Openings	157.2	69
Child Protective Services (CPS) Indicated Cases	115	92.1
CPS Total Reports Received	536.5	356.7
Average Daily % Absent from School	5.5	5.4
Average % of High School Graduates not Attending College	21	18.6

PRISMS

Youth Consequences Indicators: Figure 81 shows those measures of chemical dependency that youth are currently experiencing in the community. Bolded rows show those measures that have been consistently higher in Schoharie County than in New York State since 1992. Data is per 10,000 youth aged 10-20 unless otherwise indicated:

Figure 81: Youth Consequences of Chemical Dependency (2002)

	Schoharie County	New York State Average
Youth Violent Crime Arrests	14.2	35
Youth Other Arrests	575.5	361.7
Youth Drug Arrests	230.2	118.4
Youth DWI Arrests (per 10,000 aged 16-20)	110.4	46.6
Teenage Abortion	94.2	94.4

PRISMS

E. THE LOCAL HEALTH CARE ENVIRONMENT

Many Factors influence the health care environment of Schoharie County, including physical, legal, social and economic factors, as well as media messages. Each of these will be discussed in more detail below:

a) Physical: The rural setting of Schoharie County brings both positive and negative aspects for health care. On the positive side, there is less concern for particulate matter and other toxin exposures than in more urban settings. According to the U.S. Environmental Protection Agency, there are zero registered Superfund sites within Schoharie County. On the other hand, there are 106 registered facilities that deal with hazardous wastes. These include companies that deal with gasoline, heating, research, medical care and automotive repair.

Water quality can also be a concern in rural counties. In Schoharie, runoff from farmlands, including fertilizer and manure, can contaminate the water. During drought seasons, wells can run dry leaving a large portion of the County's population without water. There are increased demands on public water supplies because of new Environmental Protection Agency and NYSDOH rulings.

b) Legal: Schoharie County's law enforcement depends on the County Sheriff's Office and some of the local police departments. The rural setting of the county makes frequent patrolling of these areas difficult.

c) Social: The social issues that impact Schoharie County's health are mainly the reflection of low socioeconomics and the struggling economy. These issues are not unlike other rural communities across the nation.

d) Economic: There is a lack of industry and job opportunity across the county. This affects health indirectly through lack of health care coverage and lack of importance placed on health care in general. Health is often lower on the priority level of residents with financial concerns.

e) Media Messages: The County Department of Health does not have ample amounts of funding to support media messages. The main sources of written news include the Times Journal, My Shopper, Mountain Eagle, the Schenectady Gazette and the Oneonta Daily Star. Television channels are limited to

what comes out of Albany and beyond, though there are two radio stations within the county. SUNY Cobleskill has a public education system called SCHOPEG. The Health Department has collaborated with SCHOPEG to put out various health messages. Certain types of messages are easier to get on the air, including emergency preparedness, whereas others are more difficult. The Schoharie County Health Department has also developed a comprehensive website that provides information to the community.

IV. LOCAL HEALTH CARE UNIT CAPACITY

a) Organization: Please see Appendix A for the Organizational Chart of the Health Department.

b) Staffing and Skill Level: The Public Health Director is educated, trained and experienced in public health and reports to the county Board of Health. There are five divisions within the department. These are environmental health, health education, nursing services, preschool/special needs and emergency preparedness. The department is not fully staffed in all areas. Due to economic considerations a number of positions remain vacant at this time. Individuals in filled positions meet or exceed professional requirements for these positions.

c) Adequacy and Deployment of Resources: By use of cross training and identification of priorities major needs are met. Collaboration with community partners allows greater ability to respond to public health needs. The health department web site has been greatly enhanced to allow us to readily post timely information for public use. The county has also established a Medical Reserve Corps of approximately 150 volunteers to assist us in emergencies.

d) Expertise and Technical Capacity to Perform a Community Health Assessment: The public health educator and deputy public health director have worked on a previous community health assessment. Additional resources utilized have been two MPH interns from the UAlbany School of Public Health. The CHA was prepared with input from public health professionals from all divisions within the department.

V. PROBLEMS & ISSUES IN THE COMMUNITY

A. PROFILE OF COMMUNITY RESOURCES

1) RESOURCES IN THE COMMUNITY & COLLABORATIVE EFFORTS

Please see Appendix B for a full list of those organizations that are part of the Schoharie County Human Services Coordinating Council.

2) COLLABORATIVE EFFORTS ON:

a. Development of Hospital Community Services Plan

The development of the Hospital Community Services Plan by Cobleskill Regional Hospital was completed in conjunction with the Schoharie County Community Health Assessment. A work group was formed with several members from both the health department and the hospital, as well as community members from other agencies, to review the data described in the Community Health Assessment and ultimately select priority areas for improving the health status of Schoharie County residents. The work group identified specific areas of need in the county relating to tobacco use and

physical activity/nutrition and developed interventions aimed at addressing these areas to be included in the Hospital Community Services Plan, as well as the Community Health Assessment. Cobleskill Regional Hospital also held several open sessions, including a listening session, to gather input from community members on what they felt the priority areas for Schoharie County are and how these priority areas can best be addressed.

b. Assessments

A key informant survey was developed by the Schoharie County Health Department, in collaboration with a work group including Cobleskill Regional Hospital, and distributed to community partners throughout the county to identify priority areas from the New York State Prevention Agenda. A needs assessment was conducted through this key informant survey sample, rather than via a census of the county population, because surveying the population was not feasible. Community partners who completed the survey include government agencies, community-based organizations, churches, and first responders, physicians, dentists, schools and colleges, and various hospital employees. The survey was designed and piloted at a meeting of the Connecting Communities for Health and Wellness Advisory Team at Cobleskill Regional Hospital in October 2008. Two hundred community partners were contacted via mailings and non-responders received a follow-up mailing in two weeks. In addition to the key informant survey a work group was formed from an initial partnership between the local health department and Cobleskill Regional Hospital. This work group continued to collaborate on the identification of priorities for Schoharie County as well as the development of interventions aimed at addressing the selected priority areas.

c. Collaborative Planning Process

The results of the Key Informant Survey indicated that mental health/substance abuse, chronic disease, physical activity and nutrition, and tobacco use were priority areas for Schoharie County residents. The results were presented to the work group in February 2009 during a session attended by many community partners. The group continued to meet periodically throughout the spring and summer, and collectively decided that the priority areas that will be focused on in the 2010-2013 Community Health Assessment, as well as the Hospital Community Services Plan, are physical activity & nutrition and tobacco use. The goals established for each of these priorities areas were as follows:

- The goal related to tobacco use is to strive to meet the New York State Prevention Agenda Objective to reduce the percent of adults who use tobacco in Schoharie County from 23% to 12%.
- The goal related to physical activity and nutrition has two parts. The first is to improve the percentage of adults in Schoharie County who increase their levels of regular physical activity toward a goal of three days per week. The second is to increase the percentage of adults who eat five servings of fruits and vegetables daily from the current level in Schoharie County of 25% to the Healthy People 2010 objective of 75%.

Once the work group had identified the priority areas for Schoharie County, the group again collaborated with other agencies in the community, including Cornell Cooperative Extension and the

Schoharie County Community Action Program, to identify programs that were already in place within the county targeting these priority areas, as well as to further develop intervention strategies for areas of need. As a result of these meetings, and several other open meetings that involved members of the community, the work group was able to develop interventions for addressing these priorities. First, in efforts to reduce the percent of Schoharie County residents who smoke, the hospital will increase referrals to fax to Quitline, increase counseling during other services offered at the hospital and participate in the Great American Smokeout in November. The Health Department will also help meet the goal of reducing tobacco use among Schoharie County residents by offering increased counseling at blood pressure and glucose screening clinics, as well as providing provider education and awareness activities. In addition, to target the physical activity/ nutrition priorities the health department will apply for a New York State Department of Health grant to provide increased funding for these target areas, and collectively build on the Small Steps Program. The Health Department and Cobleskill Regional Hospital also plan to continue to involve other community agencies in the development of this intervention.

3) ASSESSMENT OF SERVICES FOR:

Availability

Schoharie County has limited health care resources with 21 health care providers and one hospital within the county. Schoharie County was not identified as a Health Personnel Shortage Area (HPSA) or Medically Underserved Area (MUA) in terms of access to primary or dental care but it is considered an MUA with relation to mental health services. Neighboring counties have a variety of medical facilities and specialties available for use by Schoharie County residents increasing Schoharie County residents' access to health care. The major issues surrounding availability of health care are all related to the inherent structure of rural communities. Availability of resources tends to be concentrated closer to larger towns and villages limiting access to health care for people who do not live in these parts of the county. The town of Wright has no medical services within the town.

Accessibility

Access to health care can be a problem for some Schoharie County residents, usually in relation to distance and weather. Concentration of services in certain areas of the county limits access to health care for people who do not live in those areas. Further, the need for some specialty care to be handled outside of the county compounds this issue. Numerous specialty care clinics are provided on a regular basis at Cobleskill Regional Hospital by the Bassett organization. Schoharie County does have a public transportation system that can help increase access to health care for those without a car or who cannot otherwise transport themselves.

Affordability

Affordability of health care may present a challenge for some Schoharie County residents. As described in a previous section of this document, according to the 2008 BRFSS Interim Report, expense prevented 9.5% of Schoharie County residents from visiting a doctor in the past year. This was true among 35-44

year olds more than any other age group; 19.3% of respondents surveyed from this age group indicated that cost had prevented them visiting a doctor within the past year. Programs such as Cancer Services Program, Child Health Plus and Family Health Plus are in place in Schoharie County to help ensure that all residents have access to needed health care.

Quality

Cobleskill Regional Hospital is a 40-bed, not-for-profit hospital accredited by the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO). According to the Center for Medicaid and Medicare Services (CMS) most recent inspection, this hospital has provided appropriate care to greater than 93% of patients in heart attack, heart failure and pneumonia care in all but one quality measure.

Many specialists are available from Mary Imogene Bassett Hospital in Cooperstown and they hold ambulatory care clinics at the hospital on a regular basis. This gives county residents access to specialists they otherwise would have to travel to Albany or Schenectady to see.

Service Utilization Issues

The hospital emergency department is available 24/7. There are no clinics within the county but some provider offices are open 5.5 days per week and evening hours are offered at Bassett Healthcare in Cobleskill. Transportation is offered through DSS for Medicaid clients. Others who do not have their own transportation can use the Schoharie County Public Transportation buses. Since most providers are located in the Cobleskill/Middleburgh/Schoharie part of the county access to care is limited in the more distant regions of the county. The Schoharie County Department of Health offers sliding fee scales to residents for services they provide. Charity care is provided both by CRH and the Health Department.

4) HEALTH EDUCATION

Significant outreach is being done for H1N1 (swine flu). There are many questions from schools and healthcare providers in particular. It's a responsibility for public health to disseminate the information we receive from NYSDOH and the CDC as far as vaccine availability, priorities for receipt of the vaccine and the potential risk. Given the timing of vaccine availability it's necessary to educate people again on the importance of the simple precautions they can take to avoid getting the flu. The message is very similar to that for seasonal flu but it needs to be reinforced and repeated frequently. The difference with H1N1 is the susceptibility of the very young (age 6 months to 24 years) and the need for children to be vaccinated. As always, those with compromised immune systems are also a high risk group. Generally the message is going out to all to take the usual precautions: hand washing, covering your mouth and nose when you sneeze or cough, and staying home when you're sick. The message is a familiar one but it must be repeated and to a broad general audience. Education efforts with lead poisoning prevention, sexual assault prevention and childbirth classes have been increased.

B. ACCESS TO CARE

1) Health risk behaviors that stand out in Schoharie County include a much higher rate of obesity among both children and adults, a high rate of alcohol related motor vehicle accidents and a high lung cancer

rate concomitant with high rates of smoking. The high obesity rate is supported by BRFSS data showing low consumption of five or more servings of fruits and vegetables daily and low rates of regular physical activity.

2) Barriers to addressing these priority health concerns include poverty, low educational level with resultant low paying unskilled jobs that don't offer health insurance or offer it at a cost that is prohibitive. Residents don't visit a physician because they are unable to afford it. Opportunities exist in the ability to get information to groups that are missed due to their socioeconomic status.

C. PROFILE OF UNMET NEED FOR SERVICES

1) ADDITIONS TO AND CHANGES IN SERVICES

There is a need for the following within Schoharie County:

- More elderly services throughout the county, since this population is the fastest growing. There are no geriatricians within the county.
- Dentists, who accept Medicaid
- A Pediatrician whose practice focuses solely on children
- A wound care center
- A dialysis unit
- Increased mental health services
- Increased ancillary services and paraprofessionals

2) CHANGES TO BETTER SERVE THE TARGET GROUP

The service needs within the county are diverse but essentially indicate the population would benefit from education in very basic areas. People need to repeatedly hear the messages regarding good nutrition and regular physical activity. To help overcome the barrier of poverty and lack of health insurance this type of information needs to be available free of charge and be accessible in many locations throughout the county. Similarly the messages about seat belt use, drinking and driving and tobacco use can be offered regularly and broadly. Nicotine replacement therapy is now offered through Community Services and DSS. The most effective place to start is in the schools to deliver these messages as early as possible and frequently. Adults also need to be reached and that may occur through the use of media sources as well as medical offices. If all healthcare providers deliver the messages at every opportunity, that will assist in reinforcing the desired behaviors and reducing risk. All of these risky behaviors are common and making the necessary changes isn't easy.

3) IDENTIFICATION OF GAPS IN SERVICE

Medical providers are concentrated in the villages of Cobleskill, Middleburgh and Schoharie. The majority of county residents reside outside of these villages and must travel to obtain medical services. The Schoharie County Public Transportation system is an invaluable resource to the county.

4) POTENTIAL PROBLEMS IN PROVIDING SERVICES

Limited Number of Health Care Professionals

Within Schoharie County, there is a limited number of health care professionals. There is one hospital, 21 private providers and 14 dentists. Further, medical services in rural counties tends to cluster around the more densely populated areas potentially limiting access to people who live in less populous areas of the county. Schoharie County health care facilities would benefit from recruiting and retaining trained health care professionals and paraprofessionals. This would also likely increase the number of providers who accept Medicaid, Medicare and Family Health Plus and thus increase access to care within the county.

Decreases in Funding

With a low level of medical services, the Schoharie County Department of Health plays a large role in the provision of some basic services. Decreases in funding, as is often inevitable, including the transition of funding from one area to another, will most certainly have an impact on the residents of Schoharie County.

Resident Awareness/Education

The public's lack of awareness and education about the services available to them, as well as the need for the services and other positive health behaviors, can have a large impact on access to care. This can be due to many factors, including the difficulty of disseminating educational information throughout the community.

5) CHANGES TO PUBLIC HEALTH LAWS AND CODES

Relevant to communicable disease, the ongoing use of electronic reporting has streamlined the reporting process for Local Health Departments (LHDs). Access to Communicable Disease Electronic Surveillance System (CDESS) by LHD staff has promoted prompt attention and appropriate responses, thus mitigating the potential for disease outbreak in our residents.

Changes to Public Health Law Title 10, Article 13 effective as of June 20, 2009 will promote more stringent and comprehensive blood lead testing for children at ages one and two and expand the parameters to include reporting requirements for all children less than 18 years of age.

Another change in the law relevant to blood level testing is the new requirement that labs and providers must eliminate the use of "normal" when reporting a child's blood lead level (Public Health Law effective as of September 1, 2009). The impact of both these changes may not be readily evident. However, the long term benefits must be demonstrated in the future by a reduction in the number of children with a blood lead level greater than 10 and an increase in the number of children who are tested at age one and two.

VI. LOCAL HEALTH PRIORITIES

1. List and Description of Priorities under the New York State Prevention Agenda

a) Tobacco Use

The goal, as determined through the community work group, related to tobacco use in Schoharie County is to strive to meet the New York State Prevention Agenda Objective to reduce the adults who smoke from 23% to 12%. To meet this goal, the hospital will increase referrals to fax to Quitline, increase counseling during other services offered at the hospital and participate in the Great American Smokeout in November. The Health Department will help meet this goal by offering increased counseling at blood pressure and glucose screening clinics as well as providing provider education and awareness activities.

b) Healthy Eating and Physical Activity

The second goal, as determined through the community work group, relates to improving nutrition and rates of physical activity in Schoharie County. The overall goal is to improve the percentage of adults in Schoharie County who increase their levels of regular physical activity toward a goal of three days per week and to increase the percentage of adults who eat five servings of fruits and vegetables daily from the current level in Schoharie County of 25% to achieve the Healthy People 2010 objective of 75%. To meet this goal, the county health department will apply for a New York State Department of Health grant to provide increased funding for these target areas, and collectively build on the Health and Human Services Small Steps program. The Health Department and Cobleskill Regional Hospital community workgroup plan to identify and invite collaboration from other agencies/entities including Cornell Cooperative Extension, Schoharie County Community Action Program, Department of Community Services, Rural Health Education Network Delaware, Otsego, Montgomery and Schoharie (RHENDOMS), several local community farms, as well as the local newspapers.

2. Listing and Description of Additional Priorities

There are several other areas of need in Schoharie County that should be kept as a focus area. First, there is an inadequate amount of mental health services available in the county, as indicated by the fact that the town of Schoharie has been identified as a Health Personnel Shortage Area (HPSA) for mental health services. Likewise, there may be inadequate access to dental care for many Schoharie County residents, particularly as there are a very limited number of dental practices in the county that are currently accepting new Medicaid patients.

3. Summary of Process for Public Health Priorities Identification

a. How Recent

The community work group began meeting in October 2008, and continued to hold meetings through 2009. The most recent meeting was held on Thursday, August 13 and involved members from Cobleskill Regional Hospital, Schoharie County Health Department and other community agencies including the Schoharie County Community Action Program and Cornell Cooperative Extension of Schoharie County.

b. Who Was Involved

At various points in determining the priorities for Schoharie County many community partners have been involved. The key members include the Schoharie County Health Department and Cobleskill Regional Hospital. The key informant survey involved government agencies, community-based organizations, churches, first responders, physicians, dentists, schools and colleges, and various hospital employees. Additional meetings have been opened up to the public as an opportunity for a listening session for the hospital and health department to get input on what residents perceive as the major challenges facing Schoharie County and how these challenges might be addressed. The final meetings included other community partners that are involved in the health of county residents, including Cornell Cooperative Extension and the Schoharie County Community Action, in order to develop effective strategies and interventions for addressing the health priorities. All parties involved have expressed interest in continuing to hold meetings and promote community collaboration.

c. How Priorities were Determined

The priorities for Schoharie County were determined using a multi-faceted approach and data from many different sources. One of the major sources of data used for the identification of priorities was the demographic and health status information contained in the Community Health Assessment, as well as an assessment of existing programs within the county. A Key Informant Survey, which has previously been discussed, was also utilized to get information from Schoharie County residents and local agencies who have direct interactions with the health of Schoharie County residents. The work group also held a listening session that was open to the public to get an understanding of what Schoharie County residents considered to be their greatest areas of need. Finally, there was much discussion among the work group, particularly among members of the Schoharie County Health Department and Cobleskill Regional Hospital, as to which priorities were most likely to benefit from targeted intervention.

4. Discussion of noteworthy accomplishments for both the LHD and other community public health partners

Specific to the collaborative process, one of the most significant accomplishments is the melding of various community organizations for one common goal. In the past, the structure and process of the Community Health Assessment was limited in scope. The current changes required for the CHA have had a very positive impact. Perhaps, the most profound is that SCDOH and our key partners, CRH, SCCAP and CCE are all working together towards solutions on the identified health priorities. The sense of ownership by all organizations is a direct reflection of the process by which our public health priorities were identified. This is a paradigm shift from what the LHD is doing for the population to population based management and coalition building. Public health decisions are being made to include not only science but community values, policy and politics. Health problems are Schoharie County problems across all generations.

Examples of the growing bond among the partners of SCDOH are evidenced by:

- a. CRH and SCDOH collaborating on a display for the Schoharie County Sunshine Fair.

- b. CCE and SCDOH collaborating on a display for the Schoharie County Sunshine Fair.
- c. SCCAP, WIC and ATUPA dollars working jointly for the Schoharie County Sunshine Fair.

VII. OPPORTUNITIES FOR ACTION

A. Community Based Organizations

One of the opportunities for community based organizations is to assemble and make available a comprehensive guide to all of the services that are available in the community. This information is not centrally located and available to those who need the services. The LHD-CRH prevention agenda workgroup has been working on developing this guide with participating agencies as is the Human Services Coordinating Council.

B. Businesses

Local employers could improve the health status of Schoharie County in several ways. First, offering affordable health benefits to employees and their families would greatly improve access to care for many Schoharie County residents. Employers are also in a unique position to encourage healthy behaviors by offering incentives to employees who live healthy lifestyles or make changes to improve their way of life. These incentives could be varied, ranging from decreased health insurance premiums or financial incentives to simple awards of recognition on behalf of the employer. The employer could also organize events, competitions or challenges within the work site to encourage healthy behaviors, such as a healthy eating, exercise or tobacco cessation, and present them in a way that is appealing to employees.

C. Labor and Work Sites

Labor and work sites could improve the health status of Schoharie County in much the same ways as local businesses. Please see the discussion above.

D. Schools

Each of the six Schoharie County school districts continues to perform better than the state average in terms of both overall graduation rates and the number of students going on to a two-year university, but the educational attainment of Schoharie County residents remains low. As described in the Educational Attainment section of this document, 59% of Schoharie County residents have a high school diploma or less as their highest form of education which ultimately results in limited employment opportunities and therefore potentially limited opportunities for access to health insurance, for many of Schoharie County's residents. Increased programs to both ensure that students complete high school, and to help support students who are struggling, could be very beneficial for the county. Expanding programs to help adults without a high school diploma return to complete a G.E.D. could also be a potential opportunity for action.

Schoharie County has a higher percentage of WIC children aged 0 -4 who are obese than New York State or the Northeastern New York region, and is nearly three times the HP2010 target. Thus, this poses a significant challenge to the health of Schoharie County residents. Schools should place more emphasis

on providing nutritional food items in their cafeterias, snack bars and vending machines and limit the amount of unhealthy foods that are made available to students. Schools could also work to ensure that students are given the opportunity to participate in physical activity by requiring recess for elementary school age children and physical education classes for older students. Schools could provide education on the importance of healthy eating and physical activity among their students and place particular emphasis on presenting the information in way that is informational, current and interesting to the students.

E. Colleges and universities

In relation to the relatively low educational attainment of many of Schoharie County's residents, SUNY Cobleskill could also take part in the suggested program of encouraging adults without a high school diploma to return to complete a G.E.D. SUNY Cobleskill could establish a campaign that delivers the message about being a college for everyone. A community service college faculty could provide is to volunteer to help with literacy.

F. Government

While there are currently plans in place to ensure that all children have health insurance and, therefore, access to health care, government could work to put programs in place to help ensure that all parents enroll their children in these programs and that the enrollment process is simplified to the greatest extent possible. A wider acceptance of Family Health Plus could also help extend coverage to the 17.4% of uninsured adults under the age of 65 in Schoharie County. The LHD will begin to offer adult vaccination clinics and influenza vaccinations for adolescents and children.

Further, as previously mentioned, there is not a nursing home within Schoharie County. Particularly as Schoharie County continues to gradually shift towards an elderly population, this creates an area of need and appropriating funds for a nursing home in the county is an opportunity for action. The local health department has just received state approval for 40 slots in a long term home health care program. Cobleskill Regional Hospital has received approval for construction of a 90 bed skilled nursing facility and medical day care.

Finally, obesity has emerged as a major problem in Schoharie County and across New York State. The government could help enforce zoning policies and other regulations that might increase the level of physical activity among Schoharie County residents. Often, new housing developments in Schoharie County are built without adequate sidewalks and not in walking distance from shops, parks or other common areas. Requiring that new developments have proper sidewalks, greenspace or other areas for physical activities could help improve the number of Schoharie County residents who participate in physical activity. Schoharie County government is working with the business community to obtain funding for a community health and wellness center.

G. Health care providers

Though many health care providers in the county do accept Medicare and Medicaid, not all do, and less than half accept Family Health Plus. Increasing the number of health care providers that accept these forms of health insurance could greatly increase the access to care for many of Schoharie County's adult population.

No child birthing facilities exist in Schoharie County and only 83.1% of births in Schoharie County receive early prenatal care, so health care providers within the county could work to increase this number to the HP2010 target of 90% or higher. Increased education and funding for these programs could be very beneficial for the county, and health care providers could also work in collaboration with the Schoharie County Health Department to help develop programs or other interventions to help increase the number of pregnant women who receive early prenatal care. Additionally, this will help decrease the number of low birth weight births in Schoharie County, another potential area of concern.

There is also need for pediatric dentists in Schoharie County. Currently residents must travel out of county to obtain this service.

H. Health care insurers

Availability of health insurance is one of the issues in Schoharie County. Many of our residents especially in the 30 – 44 age group lack health insurance. This is a serious gap as this represents the working population that is also raising children and supporting families. Many employers don't offer health insurance to part time and/or unskilled workers. Those that do often offer policies that aren't affordable to low wage workers. If insurers could offer different levels of coverage so that workers could afford to have at least a minimum level of coverage this would provide some benefit to the working poor in the county. The gap is in those individuals who don't qualify for Medicaid as they make too much money but don't make enough to be able to afford traditional health insurance as offered by employers within the county.

I. The food industry

There are many potential opportunities for action within the food industry, particularly as obesity, physical activity and healthy eating are some of the main priority areas for Schoharie County. The food industry could help to increase the availability of healthy food choices offered on their menu, as well as to offer educational materials about the quality of their food products. For example, as many major franchises have done in recent years, the food industry could include information about calorie, fat and sugar content in their various menu items to aid consumers in making healthy food choices. Further, it will be important that the healthier food items are not more expensive than the less-healthy, traditional food items as this would likely deter selection of these foods. In the past, restaurants have supported healthier food choice messages provided by the LHD.

K. The media

The media often has great influence on public thought and behavior, and so media messages can be tailored in such a way as to encourage positive health behaviors among Schoharie County residents. The areas of particular need for positive media messages within Schoharie County are on the effects of tobacco use and opportunities for assistance with quitting, proper nutrition and the need for physical activity. Suggestions for physical activity that are unique and different might be well received and could highlight physical activity as far less daunting than a trip to the gym. Media messages that relate physical activity and nutrition to the future prevalence of chronic diseases and various cancers could also be very beneficial as many residents may not be fully aware of the potential consequences of these unhealthy behaviors.

Appendix A: Organizational Chart

Schoharie County Department of Health



Appendix B: Figure Listing

Figure	Figure Title	Page Number
Figure 1	Population Change Since 1980, Schoharie County	1
Figure 2	Population by Municipality, 1980-2007	2
Figure 3	Schoharie County Population Breakdown by Age, 2006	3
Figure 4	Schoharie County Population Distribution by Age, 1990, 2000 and 2005-2007	4
Figure 5	Males per 100 Females, Schoharie County	5
Figure 6	Income Levels, 2006	5
Figure 7	Percent of Children under 18 Living in Poverty, 2001-2005	6
Figure 8	Percentage of Schoharie County Residents with Health Insurance, by Age Group	7
Figure 9	Annual Unemployment Rates, 2007	8
Figure 10	Annual Unemployment Rates, 2008	8
Figure 11	Monthly Unemployment Rates, May 2008-May 2009	9
Figure 12	Employed Population by Occupation Type	9
Figure 13	Percent of Age Group Enrolled in School, 2005-2007	10
Figure 14	Graduation Rates by District, 2006-07 and 2007-08	11
Figure 15	2004 Cohort Graduation Statistics	12
Figure 16	Number of Schoharie County Children Homeschooled, by District and Grade Level	13
Figure 17	Educational Attainment of Schoharie County Residents	13
Figure 18	Pregnancy Rate per 1,000 Females Age 15-44	14
Figure 19	Births per 1,000 Females Age 15-44	15
Figure 20	Adolescent Birth Rate by Age Group, 2007	16
Figure 21	Low Birth Weight (<2500 g) Births, 1997-2006	17
Figure 22	Infant Mortality Rate per 1,000 Live Births	18
Figure 23	Schoharie County Department of Health Maternal and Child Care Education Services, 2006-2008	20
Figure 24	Schoharie County Community Action Program Medicaid and Child Health Plus Facilitated Enrollment, 2005-2008	20
Figure 25	Schoharie County Early Intervention Program Enrollment, 2005-2009	22
Figure 26	Hospitalization Rate per 100,000 due to Unintentional Injuries among Children ages 0-19	22
Figure 27	Leading Causes of Hospitalization due to Injuries for Schoharie County Children Under 18	23
Figure 28	Indicated Reports of Child Abuse, 2003-2007	24
Figure 29	Asthma Hospital Discharge Rate per 10,000, ages 10-14	24
Figure 30	Schoharie County Agencies with Programs Relating to Child Health	25
Figure 31	Schoharie County Family Planning Resources	26
Figure 32	WIC Utilization, 2007-2009	27
Figure 33	Percent of Students Enrolled in Free or Reduced-Price Lunch, 2006-07	27
Figure 34	Children under the Age of 17 Receiving Food Stamps, 2005-2007	28
Figure 35	Availability of Food Pantries in Schoharie County by Location	28
Figure 36	WIC Children (Age 0-4) Who are Underweight	29

Figure	Figure Title	Page Number
Figure 37	WIC Children (Age 2-4) Who are Overweight/Obese	29
Figure 38	Percent of WIC Children who are Anemic	31
Figure 39	Adult Alcohol Consumption, 2008	32
Figure 40	Number of Alcohol Related Motor Vehicle Accidents, 2004-2006	32
Figure 41	Summary of Drug Arrests in Schoharie County, 2005-2008	33
Figure 42	Unintentional Injury Hospitalization rate per 10,000	34
Figure 43	Fatality & Injury and Crash Rates from Motor Vehicle Crashes, 2005-2007	35
Figure 44	Motor Vehicle Accident Contributing Factors, 2005-2007	35
Figure 45	Alcohol-Related Motor Vehicle Accidents, Schoharie County	36
Figure 46	Impaired Driving Tickets and Arrests, 2005-2007	36
Figure 47	Safety Restraint Tickets, 2005-2007	37
Figure 48	Falls Hospitalization rate per 10,000, 2004-2006	38
Figure 49	Percent of Third Graders in Schoharie County with Caries, by SES Level, 2002-2004	39
Figure 50	Children Screened for Blood Lead Levels Found to Have Elevated Levels, 2001-2003	40
Figure 51	Reported Lead Screenings, Lead Web, 2006-2008	40
Figure 52	Schoharie County Department of Health, 2007 Immunization Report	41
Figure 53	Percent of Residents Receiving an Influenza Vaccine in Past 12 Months	42
Figure 54	Percent of Residents Receiving a Pneumococcal Vaccine in Past 12 Months	42
Figure 55	Most Common Reportable Diseases, 2005-2007	43
Figure 56	Schoharie County Chlamydia Rates per 100,000 by Gender, 2004-2006	44
Figure 57	Schoharie County STD Education and Services, 2006-2008	45
Figure 58	Number of Animals Vaccinated for Rabies, 2006-2008	45
Figure 59	Schoharie County Health Department Rabies Program Statistics, 2006-2008	45
Figure 60	HIV Case Rate per 100,000, 2004-2006	47
Figure 61	Leading Causes of Death Due to Chronic Disease, 2004-2006	48
Figure 62	Mortality Rate due to Heart Disease in Schoharie County, 1996, 2004 and 2006	48
Figure 63	Cancer Incidence and Mortality, Schoharie County, 2001-2005	49
Figure 64	Lung Cancer Mortality Rates, 2002-2006	50
Figure 65	Lung Cancer Incidence	50
Figure 66	Deaths due to Colorectal Cancer, Schoharie County, 2001-2005	51
Figure 67	Breast Cancer Incidence and Mortality Rates per 100,000	52
Figure 68	Cancer Services Program Breast Cancer Screenings, Grant Year 2009	53
Figure 69	Hospitalization and Mortality Rates for Respiratory Diseases, 2004-2006	54
Figure 70	Hospitalization and Mortality Rates for Cerebrovascular Diseases, 2004-2006	55
Figure 71	Hospitalization Rates for Asthma in Adults per 10,000, by Age Group	56
Figure 72	Total Schoharie County Resident Hospital Discharges by Hospital, 2007	59
Figure 73	Licensed Medical Providers in Schoharie County	60
Figure 74	Transport First Response/Ambulance Services Serving Schoharie County	61
Figure 75	Schoharie County Health Department CHHA Visit Analysis, Total Billable Visits	62
Figure 76	Schoharie County Health Department CHHA Visit Analysis, Total No Charge Visits	62
Figure 77	Schoharie County EISEP Case Load, 2008-2009	63

Figure	Figure Title	Page Number
Figure 78	Percentage of Schoharie County Adults who Report Eating Five or More Servings of Fruits and Vegetables per Day, by Income Level	64
Figure 79	Community Risk Factors for Youth Chemical Dependence (2002)	66
Figure 80	Youth Risk Factors for Chemical Dependence (2002)	67
Figure 81	Youth Consequences of Chemical Dependency (2002)	67

Appendix C: Resources

1. US Census Bureau 2008 Population Estimates
2. US Census Bureau 2007 Population Estimates
3. US Census Bureau, 2005-2007 American Community Survey
4. US Census 2000
5. Kids Wellbeing Indicator Clearinghouse
6. Expanded Behavioral Risk Factor Surveillance System 2008 Interim Report
7. Schoharie County Public Transit Website
8. New York State Department of Labor
9. US Department of Labor, Bureau of Labor Statistics
10. New York State Department of Education, District Report Cards
11. New York State Education Department, Public School District Total Cohort Graduation Rate and Enrollment Outcome Summary
12. New York State Department of Education, Information and Reporting Services
13. New York State Department of Health, Community Health Assessment Indicators
14. Schoharie County Department of Health, Health Education Plan Grid
15. Schoharie County Community Action Program
16. Schoharie County Department of Health, Physically Handicapped Children's Program
17. Schoharie County Department of Health, Early Intervention Services Program
18. Statewide Planning And Research Cooperative System (SPARCS) Data, 2002-2006
19. Regional Food Bank of Northeastern New York
20. Catholic Charities of Schoharie County
21. New York State Division of Criminal Justice
22. New York State Department of Motor Vehicles
23. BRFSS 2003
24. Lead Web
25. Schoharie County Department of Health, Immunization Report
26. Health Information Network Communicable Disease Statistical Query
27. Schoharie County Department of Health Rabies Program
28. New York State Department of Health Vital Statistics
29. New York State Department of Health Cancer Institute,
30. New York State Department of Health Cancer Registry Data
31. National Cancer Institute State Cancer Profiles
32. Cancer Services Program of Delaware, Otsego and Schoharie Counties
33. New York State Department of Health, New York State Physicians Profile
34. Schoharie County Department of Health Certified Home Health Agency

Appendix D: Human Services Coordinating Council Organizations

Agency Name	Agency Description	Areas of Service
A Center-for-Hope and Alternatives	Offers services that address domestic abuse. The services have a very specific focus: men's domestic abuse against women (wife or partner). The small classes provide services to voluntary and court-ordered men. The men are held accountable and are assisted in taking responsibility by being taught how to stop all forms of their domestic abuse.	Domestic Abuse
ACCESS Center	Access to education and training programs for out-of-school youth, adults, and businesses. Referrals for financial aid sources for post-secondary vocational and technical education and GED courses.	Education, Training and Referral Sources
Alzheimer's Association	A charitable non-profit organization dedicated to family support, education, research and advocacy.	Adult/Aging Services, Educational Services, Health Services, Helpline, Information/Referral, Volunteer Opportunities, Support Groups
Capital District Developmental Disabilities Services Offices	Service to individuals with developmental disabilities and mental retardation. We provide Medicaid Service Coordination, assist individuals and their families in securing Waiver services and recreation. We have a large family care program which provides individuals with residential services in certified homes in the county and can assist with referrals outside the county as well.	Adult/Aging Services, Children's Services, Consultation, Crisis Intervention, Disability Services, Evaluations/Examinations.
Catholic Charities of Schoharie County	Domestic Violence Program, Domestic Violence Legal Advocacy, Domestic Violence Support Group, Counseling, Food Pantry, Extra Helpings, Crime Victims Advocacy, and Community Service Restitution.	Crisis Intervention, Emergency Services, Hotlines/Infolines, Information/Referral, Advocacy for Domestic Violence, Volunteer Opportunities, Pantry/Buying Club, Thrift Shop, Food/Food Stamps
Catskill Area Hospice and Palliative Care	Center provides services to patients with advanced illness and their family-nursing, social work, chaplain, volunteers, medications, supplies, and equipment. Also provides bereavement services to grieving community members	Adult/Aging Services, Consultation, Faith based Services, Health Services, Information/Referral, Volunteer Opportunities
Catskill Center for Independence	Provide a variety of disability related services to the community at large, people with disabilities, and their friends and family members	Adult/Aging Services, Business, Children's Services, Consultation, Disability Services, Educational Services, Employment Placement & Training, Energy assistance, Home & Consumer Services, Information/Referral, Justice/legal, Substance

		Abuse, Youth Services
Child at Risk Response Team of Schoharie County, Inc.	A multidisciplinary team of professionals dedicated to the health and well-being of our community's children thru child abuse prevention education, development of protocols, provision of cross-agency training and crisis intervention and support during child abuse investigations.	Advocacy, referral, education
Children at Risk Response Team Center	A child and family friendly location which provides a centralized, non-threatening setting where victims of abuse are interviewed and where services for the child and non-offending family members can be coordinated.	
Cobleskill Regional Hospital	40 bed community hospital that serves medical/surgical and sub-acute(swing bed) care patients. BHSC provides imaging services including CT, ultrasound, echocardiography, mammography, and bone densitometry. Additional services include nutritional counseling, physical and occupational therapy, sports medicine, stress testing, and a high quality laboratory. BHSC also provides access through its ambulatory care clinics to 35 specialists, most of whom are Bassett Healthcare physicians. Services provided include surgery, cardiology, gastroenterology, oncology, urology, orthopedics, endocrinology, neurology, sleep lab and others. BHSC's Emergency Department has approximately 10,000 patient visits a year and its staffed by physicians 24 hours/day.	Health Services
Cobleskill-Richmondville Central School	Public School District, grades k-12	Educational Services
Community Maternity Service	Home based support services provided to pregnant and parenting adolescents and their families(clients can be married or single). We provide home-based services to families affected by HIV/AIDS. CMS has an intensive parent education program that is offered to families throughout Schoharie County, who are referred through the Department of Social Services. CMS will offer group parent education classes to the general public based on demand.	AIDS/HIV, Pregnancy support, Parenting Education
Coordinated Children's Services Initiative	Preventive initiative designed to coordinate services for children at risk, via involving their families in every step of the planning process. CCSI acts as the information resource system for families and service providers in order to develop a seamless system of care.	Children's Services, Information/Referral, Parenting support, Skill-building classes, Mentoring project, and Camp sponsorships

	The Single Point of Access Committee, known as FOCUS, reviews all youth entering the service delivery system in order to assess need and offer service options to families. This review process works hand-in-hand with the CCSI process. All youth serving agencies are part of the system of care and CCSI strives to encourage all of these agencies to work collaboratively.	
Cornell Cooperative Extension of Schoharie County	CCE provides educational workshops, referrals, newsletters, etc., in the following areas: Agriculture: information to the commercial agricultural community on topics such as crops, dairy, soils, livestock and pesticides. Consumer Horticulture and Gardening: Master Gardeners assist with planting, growing, maintaining, and diagnosing yards, gardens, and plants around the home. Family and Consumer Services: Nutrition Education, food safety and preparation, personal finance and budgeting, FSNEP, EFNEP, household safety. 4-H Youth Development: Club system for youth, empowerment, and after school programs	Agriculture, Educational Services, Financial Literacy, Food & Nutrition Education, Home & Consumer Services, Information/Referral, Parenting Support, Volunteer Opportunities, Youth Services
Experience Works	The program offered by EW is the Senior Community Service Employment Program(SCSEP). This program is funded through Title V of the Older Americans Act. This program enables us to help low-income individuals, age 55 and older. Through this program, job-ready seniors are placed directly into employment, while other seniors benefit from training, counseling, and community service assignments. Assignments are developed at nonprofit organizations and public agencies in their communities, prior to transitioning into the workforce. Participants are placed in community service positions at eligible Host Agencies for which they are paid the minimum wage for an average of 20 hours per week while they are in training.	Adult/Aging Services, Consultation, Employment Placement and Training, Information/Referral
Fulton, Montgomery and Schoharie Counties Workforce Development Board	Provides workforce development services to businesses and job seekers. Works in partnership with education, economic development, social services and other community organizations	Business, Disability Services, Educational Services, Employment Placement & Training, Information/Referral, Youth Services
Fulton, Montgomery and Schoharie Counties Workforce Solutions Center	Provides workforce development services to businesses and job seekers. Works in partnership with education, economic development, social services and other community organizations	Business, Disability Services, Educational Services, Employment Placement & Training, Information/Referral, Youth Services
Girl Scouts of Northeastern New	Community educational programming for girls between the ages of five to seventeen; recruitment, screening,	Children's Services, Cultural Diversity, Educational

York	training and support to volunteer leaders; Girl Scout properties for camping and other programming; and stewardship for all Girl Scout Resources.	Services, Volunteer Opportunities, Youth Services
Habitat for Humanity of Schoharie County	A Christian ministry dedicated to creating decent affordable housing with families living in substandard conditions. The partner family works with Habitat and must invest at least 400 hours of "sweat equity". The partner family must make a small down payment and pay a no-interest mortgage to Habitat.	Faith-based Services, Home & Consumer Services
Jefferson Central School	K-12 Central School. Adult and community educational information is available	Children's Services (CPSE Services), Educational Services
Leukemia and Lymphoma Society	Our Agency is the world's largest voluntary health organization dedicated to funding blood cancer research, education, and patient services. We offer a wide variety of programs and services in support of our mission to cure leukemia, lymphoma, Hodgkin's disease and myeloma and to improve the quality of life of patients and their families.	Educational Services, Financial Services, Health Services, Hotlines/Infolines, Information/Referral, Volunteer Opportunities
Liberty Partnership Program- SUNY Cobleskill	Working with at-risk 7-12th graders to help them regain their motivation to succeed academically. We provide tutoring, counseling, mentoring, career, college, and cultural exploration activities	Children's Services(7-12 grade), Cultural Diversity, Educational Services, Information/Referral, Parenting Support, Youth Services
Literacy Volunteers of Schoharie County	Provides trained volunteer tutors to help adults develop the basic literacy skills necessary to reach their individual potential. We provide 3 programs: tutoring to adults in basic reading and writing, GED preparatory instruction, and tutoring in conversational English as a second language	Educational services, Evaluations/Examinations, Volunteer Opportunities
Mohawk Valley Library System	We are a cooperative public library system serving the fourteen independent public libraries of Fulton, Montgomery, Schenectady, and Schoharie counties. We offer consultant and advisory assistance, delivery, inter-library loan, materials, public relations materials, continuing education workshops, and web-based informational resources to member libraries. In addition, federal, state, and other grants are pursued to expand library services. A catalog which contains the holdings of public libraries in 8 counties is maintained for public use.	Adult/Aging Services, Children's Services, Disability Services, Educational Services, Information/Referral, and Youth Services
NY Connects – Schoharie County	Joint initiative of Department of Social Services (DSS), Office for the Aging (OFA), and Department of Health (DOH), whose focus is to provide information, assistance	Joint initiative of DSS, OFA, and DOH, whose focus is to provide information, assistance and public education to residents of Schoharie County.

	and public education to residents of Schoharie County.	
Northeast Parent and Child Society	Services provided through our Gloversville Office include the Intensive Aftercare Prevention Program (IAPP), Persons in Need of Supervision (PINS) – Initiative Schoharie and Therapeutic Foster Family Program (TFFP). Additional prevention services, residential services, educational services and career development services are offered through our network of offices/facilities in Schenectady and throughout the Capital Region. Northeast Parent & Child Society is committed to our mission of protecting children, preserving families and strengthening the communities we serve.	Children’s Services, Information/Referral, Youth Services
Office for Community Outreach, SUNY Cobleskill	This office is responsible for conferences and training for business and organizations of all types, the TECH PREP grant, Mini-Courses, Camps, Volunteer Services and Campus and Community Programming.	Educational Services
Old Stone Fort Museum Complex, Historical Society	Local History Museum and Research Library	Educational Services, Volunteer Opportunities
Planned Parenthood Mohawk Hudson	Confidential, affordable, quality reproductive healthcare services including prenatal care, community education on topics related to human sexuality and sexual health advocacy.	Educational Services for males and females, including free workshops on safer sex, teen pregnancy prevention, HIV & STD's, puberty, body image, and more, as well as Family Planning, Health Services, such as annual exams, HIV testing, pregnancy testing, and prenatal care, along with Information/Referral Services, Parenting Support, Lamaze Childbirth Education, Youth Services
Rape Crisis/ Sexual Assault Services	24 hour hotline, free and confidential crisis counseling for sexual assault survivors and their families. Trained advocates to provide support through hospital, police and court proceedings. Community prevention education programs for schools and groups. Information and referrals.	Crisis Intervention, Educational Services, Hotlines/Infolines, Information/Referral, Volunteer Opportunities
Rehabilitation Support Services	Provide service to adult mental health consumers-- housing, residential, peer advocacy, respite bed, social club. Referral needed from mental health professional, psychiatric disability needed to qualify for programs.	Crisis Intervention, Cultural Diversity, Disability Services, Educational Services, Employment Placement and Training, Evaluations/Examinations, Financial Services, Food/Food Stamps, Health Services, Information/Referral, Transportation
Rural Three for Tobacco Free	We are a three county coalition of local organizations and individuals committed to encouraging a tobacco free environment. The coalition includes members from	Educational Services, Hotlines/Infolines, Information/Referral

Communities	Delaware, Otsego, and Schoharie counties, including the Schoharie County Health Department and Liberty Partnership. The coalition provides information on quitting smoking, preventing the initiation of tobacco use among youth and young adults, and works to create and maintain smoke free public and work places.	
Schoharie Central School	Public School District, grades K-12	Agriculture, Business, Children's Services, Crisis Intervention, Disability Services, Educational Services, Employment Placement & Training, Evaluations/Examinations, Food/Food Stamps, Health Services, Home & Consumer Services, Information/Referral, Parenting Support, Transportation, Volunteer Opportunities
Schoharie County Board of Elections	Provides voter information, registration forms, absentee and disability ballot application forms, to the public. Voter registration forms are also widely distributed by all agencies receiving federal funds and providing public services. The Board has a voter outreach program that we do for schools and community groups, when the schedule allows.	Information/Referral
Schoharie County Chamber of Commerce	Business Association to advance the general welfare and prosperity of Schoharie County businesses and citizens.	Business, Consultation, Tourism information, Economic Development, Government Affairs.
Schoharie County Chapter Adult Rehabilitative Center	A private non-profit organization dedicated to the provision of services that enable individuals with mental retardation and development disabilities in becoming members of the community by offering a continuum of integrated vocation, education, and socialization services.	Adult/Aging Services, Children's Services, Disability Services, Employment Placement & Training, Evaluations/Examinations, Home & Consumer Services, Information/Referral, Parenting Support, Volunteer Opportunities
Schoharie County Chemical Dependence Clinic	We are an outpatient facility serving a wide range of clients from alcoholics and addicts seeking substance abuse treatment to children of alcoholics. The clinic provides comprehensive evaluations, along with both individual and group counseling.	Parenting Support, Substance Abuse, Youth Services
Schoharie County Child Development Council, Inc.	SSCDC has served Schoharie County for 40 years at four locations throughout the county. The programs serve over 200 children and their families from birth to five years. The agency also has an intergenerational senior citizen respite program serving people with Alzheimer's.	Head Start and daycare children's services, parent education. Developmental, education mental health and health screenings. Nutritious meals, volunteer opportunities, staff training programs, and senior respite services.

Schoharie County Community Action Program	Services provided are: Advocacy, Budget counseling, Emergency assistance, including Family Partner Mentoring program, Child Care Resource and Referral, Family Development and Youthful Offender Program; Facilitated Enrollment medical insurance including Child Health Plus/Family Health Plus and Medicaid; Women, Infants and Children nutrition program including Breastfeeding Peer Counseling, and Weatherization	Children's Services, Family Resource Center, Family Development, Displaced Homemakers Program, Disaster Services, Emergency Services, Employment Placement & Training, Energy Assistance, Financial Services, Food Pantry, Health Services, Information/Referral, Volunteer Opportunities, Volunteer Income Tax Preparation, Credit Assistance and Earned Income Tax Credit.
Schoharie County Council on Alcohol and Substance Abuse, Inc.	SCCASA provides information, referral services, and educational presentations related to alcohol, tobacco, and substance abuse, to people of all ages in Schoharie County.	Educational Services, Information/Referral, Substance Abuse
Schoharie County Council of Senior Citizens	To provide cultural, social and recreational activities and help meet the physical needs of the senior citizens in Schoharie County.	Recreation, Clothing
Schoharie County Courthouse		
Schoharie County Department of Social Services	County governmental agency charged with the provision of social and economic services to residents meeting State and Federal guidelines. Services provided include: child and adult abuse and neglect investigations; child foster care; child preventive services; adoption; adult services; temporary assistance; food stamps; emergency food/shelter/utility/clothing; employment services; energy assistance, day care assistance; Medicaid; child support enforcement and paternity establishment	Adult/Aging Services, Children's Services, Crisis Intervention, Emergency Services, Employment Placement & Training, Energy Assistance, Food/Food Stamps, Health Services(Medicaid), Hotlines/Infolines, Information/Referral, Transportation
Schoharie County District Attorney's Office	Prosecution of all Criminal cases in Schoharie County	Information/Referral, Justice/Legal
Schoharie County Emergency Management Office	Emergency Management is the process of applying proven management practises and comprehensive use of a community's resources to address disasters and emergency threats. When there is a major emergency of disaster, the resources and capabilities of most local organizations are quickly exhausted, resulting in the need to consolidate efforts and incorporate support from other agencies outside the community. Emergency Management is the system used to integrate the emergency resources of a divergent number of groups and organizations and focus their efforts of the issues and priorities, which a disaster can present.	Disaster Services, Educational Services, Emergency Services
Schoharie County Mental Health	The Mental Health Clinic is licensed by the New York State Office of Mental Health (OMH) to provide a variety	Intensive, Supportive, and Clinic Case

Clinic, Mental Health Case Management	of supportive, therapeutic mental health services to the residents of Schoharie County. The Case Management program is regulated by OMH and is a service of the Clinic.	Management services.
Schoharie County Mental Health Clinic, Mental Health Clinic	Licensed by the New York State Office of Mental Health (OMH) to provide a variety of supportive, therapeutic mental health services to the residents of Schoharie County	Individual, group, and medication therapies; psychological testing. Crisis Services are available 24 hours a day. Staff includes: psychiatrists, social workers, caseworkers, nurse practitioner and psychologists.
Schoharie County Office for the Aging	Assisting and advocating for our county's residents aged 60 and over, and their caregivers, through programs and services designed to promote health, safety, dignity, and independence.	Adult/Aging Services, Educational Services, Energy Assistance, In-Home Services, Caregiver Assistance, Support and Respite, Insurance Counseling, Information/Referral, Transportation, Home Delivered and Congregate Meal Services, Health Promotion Activities, Intergenerational Programs, Recreational Activities, and Volunteer Opportunities.
Schoharie County Planning and Development	Provides technical assistance to municipalities within Schoharie County (Subdivision, zoning, hazard mitigation, SEGRA, etc.). The agency also provides assistance to business seeking to start up, expand or retain employment in the area. Provides grant management and coordination efforts oversight for county wide projects such as public transportation coordination, garbage and the like.	Business
Schoharie County Probation Department	The department operates from a combined law enforcement/social work perspective. Protection of the community is our primary mission and our secondary mission is to promote behavioral change within offenders in order that they become law abiding. Probation Officers are Peace Officers and provide supervision and investigation services to all courts in Schoharie County.	Justice/Legal, Youth Services, Supervision Services
Schoharie County Public Transportation	A County Agency operating a PUBLIC Bus System within and out of Schoharie County. Our fleet of 14 Buses are all wheelchair accessible, air conditioned and State DOT Inspected every 6 months. We also oversee all Medicaid eligible transports for both medical and services via buses or cars as necessary.	Public Transportation
Schoharie County Rural Preservation	The SCRPC provides housing and community development services to most of Schoharie County. Housing services include rental subsidies, apartment	Housing and Community Development Services

Corps.	rentals, home rehabilitation and home downpayment programs. Community Development activities include assistance to municipalities in grant opportunities and administration.	
Schoharie County TRIAD	TRIAD is a partnership between Senior Citizens, Senior Providers, and Law Enforcement, that strives to reduce victimization of the elderly.	Adult/Aging Services, Educational Services, Information/Referral
Schoharie County Youth Bureau	Mobilizes community around healthy youth development via trainings and information sharing. Allocates State aid to municipal and organizational youth recreation and service programs. Conducts countywide planning to ensure youth needs are met and gaps in services filled. Collaborates with other youth and family-service organizations to meet needs, fill gaps, and share youth development information. Monitors and evaluates existing and new programming to ensure service delivery in accordance with countywide planning for youth services.	Information/Referral, Parenting Support, Youth Services
Tri-County Mediation of Catholic Charities of Fulton & Montgomery Counties	Conflict Resolution Services through intervention (conciliation, mediation, arbitration) and prevention (training, peer mediation, conflict management, etc.)	Adult/Aging/Caregiver Services, Agriculture, Business, Cultural Diversity, Educational Services, Faith-based Services, Information/Referral, Justice/Legal, Volunteer Opportunities. Parent, teen, child custody/visitation.
NYSED Vocational & Educational Services for Individuals with Disabilities	The Capital District Office of VESID provides customer focused, high quality vocational counseling and rehabilitation services that result in successful employment outcomes for individuals with disabilities and their employers.	Workforce development and vocational rehabilitation services required for job success are provided to adults with disabilities and students with disabilities transitioning out of high school. To apply for services or schedule an orientation in Cobleskill, contact 472-8097 or 1-800-272-5448.
Work Limitations Coordinator, Office of Temporary Disability Assistance, Schoharie and Schenectady Counties	A liaison between the office of Vocational and Educational Services for Individuals with Disabilities (VESID) and the Department of Social Services for Schoharie and Schenectady Counties. Assisting individuals with disabilities in obtaining all of their medical documentation so they are prepared to work with their VESID Vocational Rehabilitation Counselor. A Vocational Rehabilitation Counselor helps determine what abilities and interests an individual with disabilities may have and what types of workplace accommodations will help that individual return to workplace.	Family Assistance (TANF) recipients with disabilities. Case Management and referrals.

Appendix E: Distribution

The Schoharie County Community Health Assessment 2010 – 2013 will be posted on the Schoharie County website under the Health Department. Bound copies will be distributed to all members of the Board of Health and Board of Supervisors. Bound copies will also be sent to various human services organizations that are members of the Human Services Coordinating Council. Anyone requesting a copy of the CHA will be emailed an electronic copy where possible or given a hard copy if necessary. Hard copies will be placed in public libraries, schools and government agencies for reference purposes.